


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N08729
 1. Entity Name
 UNITY SCHOOL ENDOWMENT FUND, INC.



Principal Place of Business: 101 NW 22ND STREET, DELRAY BEACH, FL 33444
 Mailing Address: 101 NW 22ND STREET, DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2529126 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 ROCHEFORT, LAWRENCE P ESQ
 C/O MERSHON, SAWYER, JOHNSTON, DUNWOODY & COLE
 777 S. FLAGLER DR., S#900 PHILLIPS PT. E. TWR
 WEST PALM BEACH, FL 33401

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P NAME: COHEN, ALBERT DR. STREET ADDRESS: 960 SEAGAGE DRIVE CITY-ST-ZIP: DELRAY BEACH, FL 33483	<p>U00000229028 02/14/05-80062-014 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE: D NAME: NORMAN, NANCY REV STREET ADDRESS: 101 NW 22ND ST CITY-ST-ZIP: DELRAY BEACH, FL 33444	
TITLE: VP NAME: NAVILIO, FRONK MR STREET ADDRESS: 6865 S.W. 18TH ST. SUITE 10 CITY-ST-ZIP: BOCA RATON, FL 33433	
TITLE: D NAME: BARBER, MARIA STREET ADDRESS: 15320 TALL OAK AVE. CITY-ST-ZIP: DELRAY BEACH, FL	
TITLE: T NAME: SEAMAN, PHIL STREET ADDRESS: 101 NW 22 STREET CITY-ST-ZIP: DELRAY BEACH, FL	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phil Seaman 2/8/05 561 276 4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #