


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 013 ****61.25

DOCUMENT # N08729 1. Entity Name UNITY SCHOOL ENDOWMENT FUND, INC.	
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Principal Place of Business 101 NW 22ND STREET DELRAY BEACH, FL 33444	Mailing Address 101 NW 22ND STREET DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2529126	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. 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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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ALBERT DR. 960 SEAGAGE DRIVE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, NANCY REV 101 NW 22ND ST DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAVILIO, FRONK MR 6865 S.W. 18TH ST. SUITE 10 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, MARIA 15320 TALL OAK AVE. DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEAMAN, PHIL 101 NW 22 STREET DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1 1 0 0 C
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #