


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90088 035 ****61.25

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2529126 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
 ONE SOUTHEAST THIRD AVE., 28TH FLOOR
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 American Information Services Inc

Street Address (P.O. Box Number is Not Acceptable)
 One Southeast Third Ave 28th Floor

City
 Miami

FL Zip Code
 33131

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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ALBERT DR. 960 SEAGAGE DRIVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, NANCY REV 101 NW 22ND ST DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAVILIO, FRANK MR 6865 S.W. 18TH ST. SUITE 10 BOCA RATON, FL 33433	* NO LONGER THE VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, MARIA 15320 TALL OAK AVE. DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEAMAN, PHIL 101 NW 22 STREET DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GELLER, PAUL MR. 301 MIZNER LAKE ESTATES DRIVE BOCA RATON, FL 33432	ADDS * VP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHAWCROSS, DIANE MS. 3681 NW 24th Terrace BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLDMAN, MICHAEL MR. 16276 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANOCE, PAUL 1117 ISLAND DRIVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLATSEK, HARRY PA. 6030 VIA VENETIA SOUTH DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROMER, CRAIG 2967 NEEDHAM COURT DELRAY BEACH, FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TENDRICH, GREGORY PA 4594 PINE TREE DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 01/16/07 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR