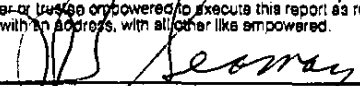


FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90029 038 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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 CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	COHEN, ALBERT DR.		NAME	AMY KRASKER	
STREET ADDRESS	980 SEAGAGE DRIVE		STREET ADDRESS	300 Valencia Road	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	West Palm Beach FL 33410	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NORMAN, NANCY REV		NAME		
STREET ADDRESS	101 NW 22ND ST		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	GELLER, PAUL		NAME		
STREET ADDRESS	301 MIZNER LAKE ESTATES DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARBER, MARIA		NAME		
STREET ADDRESS	15320 TALL OAK AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SEAMAN, PHIL		NAME		
STREET ADDRESS	101 NW 22 STREET		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHAWCROSS, DIANE		NAME		
STREET ADDRESS	3681 NW 24TH TERR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
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:  1-22-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					