

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08729

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: UNITY SCHOOL ENDOWMENT FUND, INC.

## Current Principal Place of Business:

101 NW 22ND STREET  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

## Current Mailing Address:

101 NW 22ND STREET  
DELRAY BEACH, FL 33444

## New Mailing Address:

FEI Number: 59-2529126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP4 ( ) Delete  
Name: KRASKER, AMY  
Address: 300 VALENCIA ROAD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: NORMAN, NANCY REV  
Address: 101 NW 22ND ST  
City-St-Zip: DELRAY BEACH, FL 33444

Title: P ( ) Delete  
Name: GELLER, PAUL  
Address: 301 MIZNER LAKE ESTATES DR  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: BARBER, MARIA,  
Address: 15320 TALL OAK AVE.  
City-St-Zip: DELRAY BEACH, FL

Title: T ( ) Delete  
Name: SEAMAN, PHIL  
Address: 101 NW 22 STREET  
City-St-Zip: DELRAY BEACH, FL

Title: S ( ) Delete  
Name: SHAWCROSS, DIANE  
Address: 3681 NW 24TH TERR  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: KRASKER, AMY MS.  
Address: 300 VALENCIA ROAD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: GELLER, PAUL MR.  
Address: 301 MIZNER LAKE ESTATES DR  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SEAMAN, PHIL MR.  
Address: 101 NW 22 STREET  
City-St-Zip: DELRAY BEACH, FL

Title: S (X) Change ( ) Addition  
Name: SHAWCROSS, DIANE MS.  
Address: 3681 NW 24TH TERR  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MS. DIANE SHAWCROSS

S

01/08/2009

Electronic Signature of Signing Officer or Director

Date