FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15470 (0)

1. Corporation Name

UNITY TRUTH CENTER OF BRANDON, INCORPORATED

Principal Place of Business	Mailing Address
1508 GERTRUDE DRIVE BRANDON FL 33511 US	1508 GERTRUDE DRIVE BRANDON FL 33511 US

3. Date Incorporated or Qualified: 06/18/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-0637846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RASMUSEN, CAROLYN
2615 WRENCREST CIR.
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name: STOUFFER, Judith
82 Street Address (P.O. Box Number is Not Acceptable): 1524 Attleboro Lane
83
84 City: Brandon FL 85 Zip Code: 33511

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Judith Stouffer — Judith Stouffer - Vice President — 4/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MALLESS, DEBORAH		12 NAME		
STREET ADDRESS	10515 DEEPBROOK DR		13 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		14 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	21 TITLE	DP	☐ Change ☒ Addition
NAME	GLESSNER, JOHN		22 NAME	Doreen Begley-Rife	
STREET ADDRESS	9453 N. FOREST HILLS CIR		23 STREET ADDRESS	11216 Garfield Court	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	Seffner, FL 33584	
TITLE	DVP	☒ DELETE	31 TITLE	DT	☐ Change ☒ Addition
NAME	RASMUSSEN, CAROLYN		32 NAME	Rae Baker	
STREET ADDRESS	2615 WRENCREST CIR.		33 STREET ADDRESS	P.O. Box 508	
CITY-ST-ZIP	VALRICO FL		34 CITY-ST-ZIP	Thonotosassa, FL 33592	
TITLE	DT	☒ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	RYAN, LINDA		42 NAME	Rosemarie E. Richter	
STREET ADDRESS	2820 MANOR HILL DRIVE		43 STREET ADDRESS	110 Danny Drive	
CITY-ST-ZIP	BRANDON FL		44 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SHIRLEY-ATWATER, BLANDEL		52 NAME		
STREET ADDRESS	2814 PEMBERTON CK DR		53 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE	DVP	☒ Change ☐ Addition
NAME	STOUFFER, JUDITH		62 NAME	Judith Stouffer	
STREET ADDRESS	1524 ATTLEBORO LANE		63 STREET ADDRESS	1524 Attleboro Lane	
CITY-ST-ZIP	BRANDON FL		64 CITY-ST-ZIP	Brandon, FL 33511	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith Stouffer — 4/29/96 — (813) 653-0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #