FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE

DOCUMENT # N41817

(0)

FRIENDS OF UNITY IN THE COMMUNITY, INC.

Principal Place of Business Mailing Address						4 		IDDI DIBNI DIBI		1811 6 1811 81811 1881
C/O ARTHUR D. GINSBURG 2033 MAIN STREET. SUITE 600 SARASOTA FL 34237		C/O ARTHUR D. GINSBURG 2033 MAIN STREET. SUITE 600 SARASOTA FL 34237								
						01/28/1991			ate of Last Report 02/10/1995	
_ `	ace of Business	2a. Mailing Address				4. FEI Number	00		\vdash	Applied For
Suite, Apt.	H ata	Suite, Apt. #, etc.				65-02400	00		60 -	Not Applicable
22 22		27				5. Certificate of State	us Desired		—	75 Additional e Required
City & State	→	City & State				6. Election Campaign	n Financing		\$5.	00 May Be
23		28				Trust Fund Contril	bution			ded to Fees
Zip	Country Zip Cou			•		8. This corporation h	· -			s. 199.032,
24	25 29 30 30 9. Name and Address of Current Registered Agent					Florida Statutes 10. Name and Addre		Yes []		
	9. Name and Address of Current	Hadistaler Wallt	81	Ţ-;	Name	IO. Name and Addr	sas of flew n	sgistered A	Acur	
CINCOL	IDC ADTUID D		_	L		685				
	IRG, ARTHUR D. AIN STREET	82 Street A			Street Address	s (P.O. Box Number is	Not Acceptab	(e)		
SUITE 6			83	T						
1	OTA FL 34237		84	١,	City				85	Zip Code
					Oity			FL	65 '	
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 Signature, typed or printed name of registered agent and title II aguit able. (NOTE: Registered Agent signature required when resistating) DATE										
12.	OFFICERS AND) DIRECTORS	13.			ADDITIONS/CHAN	IGES TO OFFI	CERS AND I	DIRECT	
TITLE	D	☐ DELETE	1 1 TITLE		D D] Change	e 🔀 Addition
NAME	GROSSMAN, JANE		1.2 NAME		8/13	ANTTH CA	ふたま ツ	MES		•
STREET ADDRESS			1.3 STREET		DDRESS 12	67 1874 ST	KECI	(a. 31.	,	
CITY-ST-ZIP	SARASOTA FL			1-	ZIP S	MASOTA	F/ 3	4 2.3 Y	1 Chaor	e 🔲 Addition
TITLE NAME	_		2 2 NAME	21 TITLE				L	J Glizniĝe	, LJ Addition
STREET ADDRESS	GROSSMAN, MARVIN 4580 ASCOT CIRCLE		2 3 STREET ADDRESS		nabess					
CITY-ST-ZIP				2 4 CITY - ST - 2IP						
TITLE			3.1 TITLE					. [Change	e 🔲 Addition
NAME	DIXON, CAROLYN DR.		3 2 NAME					_	-	_
STREET ADDRESS	5397 EVERWOOD RUN		3.3 STREET	AE	DDRESS					
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-	ST-	- ZIP					
TITLE	D DELETE 4.1		4.1 TITLE] Change	e 🔲 Addition
NAME	GINSBURG, ART		4 2 NAME							
STREET ADORESS	2033 MAIN STREET #600		4.3 STREET	AD	DDRESS					
CITY-ST-ZIP	SARASOTA FL	MOELETE	4.4 CITY - S	šI	ZIP				Change	e 🗍 Addition
TITLE	D DOV. DELODEO	Pocietie	5.1 TITLE 5.2 NAME					_] опанда	;
NAME CTOSET ADDRESS	DRY, DELORES 1247 21ST ST	,	5.2 NAME 5.3 STREE		DODECC					
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL		5.4 CITY - S							
TITLE	<u> </u>	DELETE	61 TITLE		<u> </u>				Change	e 🔲 Addition
NAME			6.2 NAME						-	
STREET ADDRESS			63 STREET	AD	DDRESS					
CITY-ST-ZIP			6.4 CITY - 5	ST	ZIP					
cortify that	y certify that the information supplied v t the information indicated on this annu	at report or supplemental annual	report is to	ю	and accurate	and that my cionatura.	ehall have the	a lenal amea	ffect as	s if made under
L nath: that	Tam an officer or director of the corpor Block 12 or Block 13 J changed, over	r ati on or the receiver or trustee e	moowered.	to	execute this re	eport as required by Cl	hapter 617, Flo	orida Statute	s; and t	that my name

AND THE DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR