FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41817

1. Corporation Name

FRIENDS OF UNITY IN THE COMMUNITY, INC.

Principal Place of Business C/O ARTHUR D. GINSBURG 2033 MAIN STREET. SUITE 600 SARASOTA FL 34237

2. Principal Place of Business

Mailing Address

2a. Mailing Address

C/O ARTHUR D. GINSBURG 2033 MAIN STREET. SUITE 600 SARASOTA FL 34237

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90051 044 ****61.25



3. Date Incorporated or Qualifed

01/28/1991

21		26			0 1/10/ 100 1			
Suite, Apt.					4. FEI Number		Apr	olied For
22	27				65-0240088		Not	Applicable
	City & State City & State				5 O UK COLL - Desired		\$8.75 A	dditional
23	28				5. Certifcate of Status Desired		Fee Rec	quired
Zip	Country	Zip	Country		6. Election Campaign Financin	ď –	\$5.00	May Be
	25	29 3	<u></u>		Trust Fund Contribution	⁹ 🗆	Added to	
24	9. Name and Address of Currer		<u>*</u>	-	10. Name and Address of Nev	v Registered	Agent	
	o. Halle and Addison of California		81	Name				
			82					
, GINSBURG, ARTHUR D.				Street Addr	ess (P.O. Box Number is Not Acce	ptable)		
2033 MAIN STREET								
SUITE 600								
SARASOTA FL 34237				City		FL	85 Zip C	ode
				<u> </u>				
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State)2 and 617.1508, Florida Statutes	i, the above	e-named corp	oration submits this statement for ti on's board of directors. I hereby acc	ne purpose of cept the appo	cnanging its i	istered
οπice or r	registered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 617.0503, Florid	da Statutes	ine corporation.	on a pould of direction . Thereby de-		1 1 1 1 1 1 1	
SIGNATURE						•	•	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	legistered Ager	nt signature require	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO C	OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE	ł			Change	☐ Addition
NAME	GROSSMAN, JANE	•	1.2 NAME	1				
STREET ADDRESS			1.3 STREE	T ADDRESS				- 1
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-S	T-ZIP	•			
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	GROSSMAN, MARVIN		2.2 NAME				_	_ •
STREET ADDRESS			2.3 STREE	T ADDRESS				
	SARASOTA FL		2. 4 CITY-5					
CITY-ST-ZIP	1	☐ DELETE	3.1 TITLE	31-211			Change	Addition
	D CAROLVALOR		3.2 NAME					
NAME ·	DIXON, CAROLYN DR.			T ADDRESS				•
STREET ADDRESS	111111111111111111111111111111111111111							
CITY: \$T-ZIP	SARASOTA FL	□ DELETE	3.4. CITY+5	ST-ZIP			☐ Change	☐ Addition
TITLE	D		4,1 TITLE					
NAME	GINSBURG, ART		4. 2 NAME					l
STREET ADDRESS			4.3 STREE	T ADDRESS	•		1.15	1917 31
CITY-ST-ZIP	SARASOTA FL		4.4 CITY- S	T-ZIP			Change	☐ Addition
TITLE	D	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	JAMES, ELIZABETH CAST		5.2 NAME	1				
STREET ADDRESS	1267 18TH STREET		5.3 STREE	TADDRESS				
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-S	ST-ZIP				
TITLE	·	☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
	1		0.4.000/.0	T 710				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 chapted, or on any attachment with an address, with all other like empowered.

SIGNATURE

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 99 351-767

CR2E037 (11/98)