FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

·	MENT # N4489 UNITY SERVICES OF NOR	\ -/			A MARKKAN SUU ANANI AKARI KOKA NANIK AKAN ANAN ANAN ANAN ANAN ANAN A	1811 61811 81811 1881
Principal Place of Business		Mailing Address	Mailing Address			
4878 BLUE SPRING ROAD MARIANNA FL 32446 US		4878 BLUE SPRINGS ROAD MARIANNA FL 32446 US			3. Date Incorporated or Qualified 08/29/1991 4. FEI Number Applied For	
					59-3089619	Not Applicable
2. Principal Pi	pal Place of Business 2a. Mailing Address 26				1 3. Certificate di Status Desired Line.	75 Additional se Reguired
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.	00 May Be
City & State		City & State			Trust Fund Contribution	
23		28			☐ Yes ☐ No	
Zip 24	Country Zip		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre		81		10. Name and Address of New Registered Agent	
				Name		
EVANS, MICHAEL			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
5151 MENAWA TRAIL Marianna Fl 32446			83			
318 W W W W W W W W W W W W W W W W W W W			84	City	85	Zip Code
				' '	FL [T]	·
office or reagent. I a	magniliar with, and accept my oblig	gations of, Section 617.0503, Fig.	orida Statule:	S.	corporation submits this statement for the purpose of changing of changing or the appointment of the appoint	?
TITLE	OFFICERS AND DIRECTORS DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
NAME	RABON, ROLAND		1.2 NAME			
STREET ADDRESS	4878 BLUE SPRINGS ROAD		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MARIANNA FL		1.4 CITY-5	ST-ZIP		1000
TITLE	▼		2.1 TITLE		Cha	inge 🔲 Addition
NAME STREET ADDRESS	EVANS, MICHAEL S. 4878 BLUE SPRINGS RD.		2.2 NAME 2.3 STREET	ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		2.4 CITY-ST-ZIP			
TITLE	D DELETE		3.1 TITLE		☐ Cha	ange 🔲 Addition
NAME	CALLOWAY, SHARON		3.2 NAME	[
STREET ADDRESS	4878 BLUE SPRINGS RD. MARIANNA FL 32446		3.3 STREET	i		
CITY-ST-ZIP TITLE	MARIANNA FL 32440	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP	☐ Cha	ange Addition
NAME	_ otten		4. 2 NAME			_
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	ST-2IP		4.4.294
TITLE	DELETE		5.1 TITLE	1	Cha	ange [_] Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-5	or-ZIP	Cha	ange Addition
NAME		— »	6.2 NAME		600002518195°° -05/11/9801025023	
STREET ADDRESS			6.3 STREET	ADDRESS	***70.00	7 6/1
CITY-ST-7IP			6.4 CITY - 5		तर-करका 1 ("1 ° 1"1(")	1 ~/

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 changed, or on an attachment with a address.

FILED

May 06 1998 8:00am

Secretary of State