


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90025 025 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # N45715 1. Entity Name UNITY OF GULF BREEZE, INC. | | | |  | |
| Principal Place of Business 913 GULF BREEZE PKWY. HARBOURTOWN 26 GULF BREEZE, FL 32561 | | | Mailing Address 913 GULF BREEZE PKWY. HARBOURTOWN 26 GULF BREEZE, FL 32561 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 05122006 Chg-NP CR2E037 (4/06) | |
| 4. FEI Number 59-3094021 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PURCELL, JUDITH A. 800 FT. PICKENS RD. #1201 PENSACOLA BEACH, FL 32561 | | | 7. Name and Address of New Registered Agent Name <u>Jennifer M. Langholff</u> Street Address (P.O. Box Number is Not Acceptable) <u>6015 N Davis Hwy 32-B</u> City <u>Pensacola</u> FL Zip Code <u>32504</u> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, VIRGINIA 2341 ARRIVISTE WAY PENSACOLA, FL 32504 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager, Office Jennifer M. Langholff 6015 N Davis Hwy 32-B Pensacola, FL 32504 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M PURCELL, JUDI 800 FT. PICKENS RD., #1201 PENSACOLA BEACH, FL 32561 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Minister Beth Boilott 603 N 15th Ave Pensacola, FL 32501 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CROCKFORD, KAREN 1315 MALDONADO DR. PENSACOLA BEACH, FL 32561 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, CARLOTTA 330 FT. PICKENS ROAD, 6-G PENSACOLA BEACH, FL 32561 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COMSTOCK, CAROLEA 5503 STAGECOACH RD. GULF BREEZE, FL 32563 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Maizie Dalby 201 Cairo St Pensacola, FL 32507 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONN, BARBARA 201 PENSACOLA BEACH BLVD. GULF BREEZE, FL 32561 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Beth Boilott</u> Beth Boilott 5-1-06 932-3076 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |