

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
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DOCUMENT # N46693 (0)

1. Corporation Name

UNITY OF TODAY, INC.

Principal Place of Business

**630 GAZELLE DRIVE
KISSIMMEE FL 34759**

Mailing Address

**630 GAZELLE DRIVE
KISSIMMEE FL 34759**



3. Date Incorporated or Qualified 01/02/1992	3a. Date of Last Report 04/24/1995
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2. Principal Place of Business

2a. Mailing Address

21 1050 McClellan St.
Suite, Apt. #, etc.

26 1050 McClellan St.
Suite, Apt. #, etc.

22 Suite M
City & State

27 Suite M
City & State

23 Kissimmee, Fl.
Zip Country

28 Kissimmee, Fl.
Zip Country

24 34741

25 USA

29 34741

30 USA

4. FEI Number
59-3097891

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

**RUNGE, WALT
630 GAZELLE DRIVE
KISSIMMEE FL 34759**

10. Name and Address of New Registered Agent

81 Name David Dorway
82 Street Address (P.O. Box Number is Not Acceptable) 12853 Maryland Woods Ct.
83
84 City Orlando FL 85 Zip Code 32824

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

David G. Dorway

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRIGGS, SUSAN	
STREET ADDRESS	4188 WESLEY CT. #172	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELDS, JANE	
STREET ADDRESS	3211 OAK PARK LN.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ORTIZ, POLO	
STREET ADDRESS	2709 UXBRIDGE LN	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DORWAY, DAVID	
STREET ADDRESS	12853 MARYLAND WOODS CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WERT, JIM	
STREET ADDRESS	1050 MCCLELLAN ST., STE. L	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AYERS, VICKY	
STREET ADDRESS	2665 SHIRLY AVE.	
CITY-ST-ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CHARLES PERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	626 FLORIDIAN DR.	
1.3 STREET ADDRESS	KISSIMMEE, FL. 34758	
1.4 CITY-ST-ZIP		
2.1 TITLE	SEVER WOLL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	20 MACON WAY	
2.3 STREET ADDRESS	ST. CLOUD, FL. 34769	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

David G. Dorway, Pres.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96 **407-856-2676**

CR2E037 (12/95)