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Feb 27, 1999 8:00 am
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02-27-1999 90085 050 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46693

1. Corporation Name

UNITY OF TODAY, INC.

Principal Place of Business

1132 E DONEGAN AVE
KISSIMMEE FL 34744
US

Mailing Address

1132 E DONEGAN AVE
KISSIMMEE FL 34744
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/02/1992

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

9. Name and Address of Current Registered Agent

DORWAY, DAVID
12853 MARYLAND WOODS CT
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE T ☐ DELETE

NAME GRIGGS, SUSAN M

STREET ADDRESS 4188 WESLEY CT. 172

CITY-ST-ZIP KISSIMMEE FL 34746-6473

TITLE V ☐ DELETE

NAME WOLL, SEVER

STREET ADDRESS 20 MACON WAY

CITY-ST-ZIP ST CLOUD FL

TITLE T ☐ DELETE

NAME ORTIZ, POLO

STREET ADDRESS 2709 UXBRIDGE LN

CITY-ST-ZIP KISSIMMEE FL

TITLE S ☒ DELETE

NAME DORWAY, DAVID

STREET ADDRESS 12853 MARYLAND WOODS CT

CITY-ST-ZIP ORLANDO FL

TITLE P ☒ DELETE

NAME WERT, JIM

STREET ADDRESS 807 MOUNTBATTEN LN

CITY-ST-ZIP KISSIMMEE FL

TITLE D ☐ DELETE

NAME FIELDS, JANE

STREET ADDRESS 3211 OAK PARK LN

CITY-ST-ZIP KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice Pres. ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE President ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Asst TREAS. ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Sec ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Treas. ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: G/2 SIGNATURE OF JANE FIELDS N. Jane Fields 1-29-99 847 4532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)