2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005473

1. Entity Name
FROM UNITY TO LOYALTY INC.

Principal Place of Business	Mailing Address
2010 N MAIN STREET JACKSONVILLE, FL 32206 US	2010 N MAIN STREET JACKSONVILLE, FL 32206 US

DO NOT WRITE IN THIS SPACE

01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEAL, ANDR'E X
516 GOLFAIR BLVD
JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000159760
05/11/04-80001-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KNIGHT, MICHAEL
STREET ADDRESS	2010 N. MAIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	VC
NAME	EVANS, JAMES JR.
STREET ADDRESS	6934 RICHARDSON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	NEAL, ANDR'E X
STREET ADDRESS	3221 CLYDE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	T
NAME	JORGAN, ESTELLE
STREET ADDRESS	2010 N. MAIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	T
NAME	FLOWERS, ROBERT L
STREET ADDRESS	6720 WEST VIRGINIA COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	T
NAME	KNIGHT, MICHAEL II
STREET ADDRESS	2010 N. MAIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE

12. 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 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: André X Neal André X Neal 5/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #