2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005586

1. Entity Name
A UNIFYING MOVEMENT, INC.

Principal Place of Business	Mailing Address
4253 CARDINAL BLVD PORT ORANGE, FL 32127 US	4253 CARDINAL BLVD PORT ORANGE, FL 32127 US

DO NOT WRITE IN THIS SPACE

05142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3279087

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, JOHN J
4253 CARDINAL BLVD.
PORT ORANGE, FL 32127

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

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICHAELS, SUE W
STREET ADDRESS	4709 DILLINGHAM COURT
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	VPD
NAME	SHUNNY, SUSAN
STREET ADDRESS	991 PARKWOOD DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	TD
NAME	ORTIZ, JOHN
STREET ADDRESS	4253 CARDINAL BOULEVARD
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	KELLER, JOHN
STREET ADDRESS	1012 SOUTH RIDGEWOOD AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: V.P. 5-14-05 386-788-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #