

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004990

**Entity Name:** UNITY FOR KIDS EARLY INTERVENTION CENTER, INC.**Current Principal Place of Business:**1325 NORTH A STREET  
LAKE WORTH, FL 33460**Current Mailing Address:**1325 NORTH A STREET  
LAKE WORTH, FL 33460 US**FEI Number:** 65-1122173**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRIER, TAMORA C  
1325 NORTH A STREET  
LAKE WORTH, FL 33460 US*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.***SIGNATURE:** TAMORA GRIER

04/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name GRIER, TAMORA  
Address 1325 NORTH A STREET  
City-State-Zip: LAKE WORTH FL 33460

Title VP  
Name MEDINA, CESAR  
Address 9945 LAKE WORTH RD  
City-State-Zip: LAKE WORTH FL 33467

Title S  
Name ASKEW, CYBIL  
Address 4100 TEMPLE STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title TRUSTEE  
Name BOWERS, RENEE  
Address 1253 10TH STREET  
City-State-Zip: LAKE PARK FL 33403

Title P  
Name GRIER, TAMORA  
Address 1325 NORTH A STREET  
City-State-Zip: LAKE WORTH FL 33460

Title TREASURER  
Name ASKEW, CYBIL  
Address 4100 TEMPLE STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title TRUSTEE  
Name GILYARD, TODD  
Address 1325 NORTH A STREET  
City-State-Zip: LAKE WORTH FL 33460

Title TRUSTEE  
Name AUSTIN, YOLANDA  
Address 1325 NORTH A STREET  
City-State-Zip: LAKE WORTH FL 33460

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TAMORA GRIER**EXECUTIVE DIRECTOR**

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TRUSTEE
Name	COLLYMORE, LINDA DR.
Address	475 GAZZETTA WAY
City-State-Zip:	WEST PALM BEACH FL 33415