

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003738

**Entity Name:** UNITY OF LIFE FOUNDATION INC.

**Current Principal Place of Business:**

16751 NW 170TH ST.  
WILLISTON, FL 32696

**Current Mailing Address:**

PO BOX 701  
WILLISTON, FL 32696

**FEI Number: 45-5019142**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALLACE-JACKSON, TORI S  
16751 NW 170TH ST.  
WILLISTON, FL 32696 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            WALLACE-JACKSON, TORI S  
Address        20150 NE 23RD PL  
City-State-Zip: WILLISTON FL 32696

Title            COO  
Name            JACKSON, THOMAS E SR.  
Address        21271 NE 40TH PL  
City-State-Zip: WILLISTON FL 32696

Title            S  
Name            BRISTOW-WALLACE, STARLETT M  
Address        1926 SW 3RD ST  
City-State-Zip: Ocala FL 34471

Title            TREASURER  
Name            DAVIS-WALLACE, VIVIAN E  
Address        16751 NW 170TH ST.  
City-State-Zip: WILLISTON FL 32696

Title            DIRECTOR  
Name            JACKSON, VICTORIA A  
Address        21270 NE 41TH ST.  
City-State-Zip: WILLISTON FL 32696

*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: TORI S. WALLACE-JACKSON**

**CEO**

**03/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date