

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000006520

**Entity Name:** UNITY FOSTER MINISTRIES INC.**Current Principal Place of Business:**25655 NW 168TH PL  
HIGH SPRINGS, FL 32643**Current Mailing Address:**25655 NW 168TH PL  
HIGH SPRINGS, FL 32643**FEI Number:** 84-2260502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWEAT, JASON K  
25655 NW 168TH PL  
HIGH SPRINGS, FL 32643 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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT             |
| Name            | SWEAT, JASON          |
| Address         | 25655 NW 168TH PL     |
| City-State-Zip: | HIGH SPRINGS FL 32643 |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | SWEAT, AMANDA         |
| Address         | 25655 NW 168TH PL     |
| City-State-Zip: | HIGH SPRINGS FL 32643 |

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER             |
| Name            | GILLINGHAM, CASEY     |
| Address         | 17304 NW 242ND ST     |
| City-State-Zip: | HIGH SPRINGS FL 32643 |

|                 |                   |
|-----------------|-------------------|
| Title           | DIRECTOR          |
| Name            | BASNA, DAVID      |
| Address         | 11425 NW 60TH TER |
| City-State-Zip: | ALACHUA FL 32615  |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | GILLINGHAM, BRUCE     |
| Address         | 17304 NW 242ND ST     |
| City-State-Zip: | HIGH SPRINGS FL 32643 |

*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:** JASON SWEAT

PRESIDENT

05/25/2021

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Electronic Signature of Signing Officer/Director Detail

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Date