

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90056 040 ****61.25

DOCUMENT # N02000001649



1. Entity Name
 UNITED AMERICAN FAMILY ALLIANCE, INC.

Principal Place of Business
 4129 BENNETT DR
 MOUNT DORA, FL 32757

Mailing Address
 PO BOX 347
 MOUNT DORA, FL 32756

11000001



2. Principal Place of Business
 4129 UNITED AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 347
 Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State
 MOUNT DORA FL
 Zip 32757 Country FLORIDA

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 MOUNT DORA FL
 Zip 32756 Country FLORIDA

4. FEI Number 03-0411632 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HURLEY, BRYAN
 4129 BENNETT DR
 MOUNT DORA, FL 32757

7. Name and Address of New Registered Agent
 Name: BRYAN HURLEY
 Street Address (P.O. Box Number is Not Acceptable): 4129 UNITED AVENUE
 City: MOUNT DORA FL Zip Code: 32757

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURLEY, BRYAN PO BOX 347 MOUNT DORA, FL 32756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HURLEY, DAVID PO BOX 347 MOUNT DORA, FL 32756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, JAMIE PO BOX 347 MOUNT DORA, FL 32756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-9-04 Daytime Phone #: 352-357-9200 K300