


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90051 001 ****66.25
 03-12-2004 90051 002 *****3.75

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1. Entity Name
UNITED NATIONS ASSOCIATION OF THE UNITED STATES OF AMERICA GREATER ORLADNO CHAPTER, INC.



Principal Place of Business
 104 MONARCH CIRCLE APT. #2
 FERN PARK, FL 32730

Mailing Address
 104 MONARCH CIRCLE APT. #2
 FERN PARK, FL 32730

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02162004 Chg-NP CR2E037 (10/03)

4. FEI Number
 137623884 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MORGAN, SHIELA J
 104 MONARCH CIRCLE APT. #2
 FERN PARK, FL 32730

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 is acceptable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ATKINS, RICHARD L 104 MONARCH CIRCLE APT. #2 FERN PARK, FL 32730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Benson 1480 Deer Lake Circle Apopka, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BENSON, JOHN R 104 MONARCH CIRCLE APT. #2 FERN PARK, FL 32730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dr. Houman Sadri 8206 S. Hopkins #404 Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COX, GLADYS 104 MONARCH CIRCLE APT. #2 FERN PARK, FL 32730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Heather Thompson 1000 Long Ridge Ct. Orlando, FL 32807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAYES, JAMIE 104 MONARCH CIRCLE APT. #2 FERN PARK, FL 32730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sultana Ali 1480 Deer Lake Circle Apopka, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADRI, HOUMAN DR. 104 MONARCH CIRCLE APT. #2 FERN PARK, FL 32730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Second Vice-President Alma Gray 5136 Lake Drive Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EFFEFSON, CHERYL 104 MONARCH CIRCLE APT. #2 FERN PARK, FL 32730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Media Relations Jen Lauda 103-7313 Goldenpointe Blvd. Orlando, FL 32807 <input type="checkbox"/> Change <input checked="" 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 *Shiela J. Morgan* Director *3/9/04* 407-830-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Shiela J. Morgan