2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90039 021 ****61.25

DOCUMENT # N22165

1. Entity Name
UNITED FAMILIES OF AMERICA, INC.

Principal Place of Business	Mailing Address
ROUTE 2, BOX 4847 HAVANA, FL 32333	POST OFFICE BOX 37277 TALLAHASSEE, FL 32315-7277

02122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2952622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, CHRISS 4070 ESPLANADE WAY TALLAHASSEE, FL 32399-3150	Name: Vera L. McIntyre Street Address (P.O. Box Number is Not Acceptable): 720 Fairbanks Ferry Rd. City: Tallahassee FL Zip Code: 32312

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: Vera L. McIntyre Vera L. McIntyre 2/12/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCINTYRE, VERA L ROUTE 2, BOX 4847 HAVANA, FL 32333	☐ Delete	Vera L. McIntyre 720 Fairbanks Ferry Rd. Tallahassee, FL 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WALKER, CHRISS 3110 PASCO STREET TALLAHASSEE, FL 32305	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILSON, ROOSEVELT 5020 VALLEY FARM ROAD TALLAHASSEE, FL 32303	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PARL MCGILL, WILLIAM POST OFFICE BOX 98 MIDWAY, FL 32343	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MEADERS, STACY 804 PEGGY DRIVE TALLAHASSEE, FL 32305	☐ Delete	Stacey Meaders 804 Peggy Drive Tallahassee, FL 32305	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAP HALL, ANTHONY 4292 CARNWATH ROAD TALLAHASSEE, FL 32303	☐ Delete		☐ Change ☐ 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: Vera L. McIntyre 2/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #