

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22165

FILED
Jun 29, 2009
Secretary of State

Entity Name: UNITED FAMILIES OF AMERICA, INC.

Current Principal Place of Business:

720 FAIRBANKS FERRY ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 37277
TALLAHASSEE, FL 323157277

New Mailing Address:

FEI Number: 59-2952622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCINTYRE, VERA
720 FAIRBANKS FERRY RD
TALLAHASSEE, FL 32312 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCINTYRE, VERA L
Address: 720 FAIRBANKS FERRY RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: WALKER, CHRISS
Address: 3110 PASCO STREET
City-St-Zip: TALLAHASSEE, FL 32305

Title: T () Delete
Name: WILSON, ROOSEVELT
Address: 5020 VALLEY FARM ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: CHAP () Delete
Name: HALL, ANTHONY
Address: 4292 CARNWATH ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: MEADERS, STACEY
Address: 1912 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VERA MCINTYRE

P

06/29/2009

Electronic Signature of Signing Officer or Director

Date