

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P10792** (0)

1. Corporation Name

**UNITED ARMED FORCES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

425 AUSTIN AVE STE 1802  
PO BOX 2603  
WACO TX 76701  
US

425 AUSTIN AVE STE 1802  
PO BOX 2603  
WACO TX 76701  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1986

3a. Date of Last Report

02/01/1994

4. FEI Number

74-2412443

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ANDREW C.  
1830 SEVILLA BOULEVARD  
#207  
ATLANTIC BEACH FL 32233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4492 Southside Boulevard

83 #103

84 City  
Jacksonville

FL

85 Zip Code  
32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MILLER, BILLY G.  
STREET ADDRESS 3516 S. 47TH STE. 202  
CITY-ST-ZIP TACOMA WA

1.1 TITLE Director  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DTW  
NAME NALL, KENNETH  
STREET ADDRESS 425 AUSTIN AVE SUITE 1802  
CITY-ST-ZIP WACO TX

2.1 TITLE Director/Treasurer  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST  
NAME VICKERY, KIM (ASST)  
STREET ADDRESS 425 AUSTIN AVE SUITE 1802  
CITY-ST-ZIP WACO TX

3.1 TITLE Secretary  Change  Addition  
3.2 NAME Jennifer D. Hudson  
3.3 STREET ADDRESS 425 Austin Ave. Suite 1802  
3.4 CITY-ST-ZIP Waco, TX 76701

TITLE D  
NAME EDICK, WARREN  
STREET ADDRESS 1098 HAVERHILL PL.  
CITY-ST-ZIP COLORADO SPRINGS CO

4.1 TITLE Director/Vice President  Change  Addition  
4.2 NAME Ron Stading  
4.3 STREET ADDRESS 5845 Onix Suite 104  
4.4 CITY-ST-ZIP El Paso, TX 79912

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE President  Change  Addition  
5.2 NAME Robert J. Walker  
5.3 STREET ADDRESS 2700 Royester Ct  
5.4 CITY-ST-ZIP Virginia Beach, VA 23454

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jennifer D. Hudson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/09/95

Daytime Phone #

(817) 753-0757

607478