

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified  
07/16/1986

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
74-2412443

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ANDREW C.  
4492 SOUTHSIDE BOULEVARD  
SUITE 103  
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D	<input type="checkbox"/> DELETE
NAME	MILLER, BILLY G.	
STREET ADDRESS	3516 S. 47TH STE. 202	
CITY - ST - ZIP	TACOMA WA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	NALL, KENNETH	
STREET ADDRESS	425 AUSTIN AVE SUITE 1802	
CITY - ST - ZIP	WACO TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUDSON, JENNIFER D	
STREET ADDRESS	425 AUSTIN AVE., SUITE 1802	
CITY - ST - ZIP	WACO TX	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STADING, RON	
STREET ADDRESS	5845 ONIX SUITE 104	
CITY - ST - ZIP	EL PASO TX	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WALKER, ROBERT J	
STREET ADDRESS	2700 ROYESTER CT	
CITY - ST - ZIP	VIRGINIA BEACH VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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 617, 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*

Jennifer Hudson

817-753-0757

1-19-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)