


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P10792 (0)</b> 1. Corporation Name <b>UNITED ARMED FORCES ASSOCIATION, INC.</b>					
Principal Place of Business <b>425 AUSTIN AVE STE 1802 PO BOX 2603 WACO TX 76701 US</b>		Mailing Address <b>425 AUSTIN AVE STE 1802 PO BOX 2603 WACO TX 76701-2124 US</b>			
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>07/16/1986</b> 3a. Date of Last Report <b>01/25/1996</b> 4. FEI Number <b>74-2412443</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JOHNSON, ANDREW C. 4492 SOUTHSIDE BOULEVARD SUITE 103 JACKSONVILLE FL 32216</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE			
NAME	<b>MILLER, BILLY G.</b>				
STREET ADDRESS	<b>3516 S. 47TH STE. 202</b>				
CITY-ST-ZIP	<b>TACOMA WA</b>				
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE			
NAME	<b>NALL, KENNETH</b>				
STREET ADDRESS	<b>425 AUSTIN AVE SUITE 1802</b>				
CITY-ST-ZIP	<b>WACO TX</b>				
TITLE	<b>S</b>	<input type="checkbox"/> DELETE			
NAME	<b>HUDSON, JENNIFER D</b>				
STREET ADDRESS	<b>425 AUSTIN AVE., SUITE 1802</b>				
CITY-ST-ZIP	<b>WACO TX</b>				
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE			
NAME	<b>STADING, RON</b>				
STREET ADDRESS	<b>5845 ONIX SUITE 104</b>				
CITY-ST-ZIP	<b>EL PASO TX</b>				
TITLE	<b>P</b>	<input type="checkbox"/> DELETE			
NAME	<b>WALKER, ROBERT J</b>				
STREET ADDRESS	<b>2700 ROYESTER CT</b>				
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



14. I do 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 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 \_\_\_\_\_

1-30-97 753-0757

CR2E037 (9/96)