

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004581 (4)**

1. Corporation Name

URANTIA ASSOCIATION OF FLORIDA CORPORATION



Principal Place of Business 3817 GATEWOOD DRIVE SARASOTA FL 34232 US	Mailing Address 3817 GATEWOOD DRIVE SARASOTA FL 34232 US
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3. Date Incorporated or Qualified 09/12/1994	
4. FEI Number 59-3238898	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 3817 Gatewood Drive Suite, Apt. #, etc. 22 City & State 23 Sarasota FL Zip 24 34232	2a. Mailing Address 26 3817 Gatewood Drive Suite, Apt. #, etc. 27 City & State 28 Sarasota FL Zip 29 34232
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Name and Address of Current Registered Agent BRINKMAN, RICHARD 3817 GATEWOOD DRIVE SARASOTA FL 34232	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Richard Brinkman **1/18/98**
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRINKMAN, RICHARD		1.2 NAME	
STREET ADDRESS 3817 GATEWOOD DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34232		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KREIDLER, JEANNE		2.2 NAME	Harry McKnight
STREET ADDRESS 2215 SW 14TH AVE #61		2.3 STREET ADDRESS	14 Escondido Ct #135
CITY-ST-ZIP OCALA FL 34471		2.4 CITY-ST-ZIP	Altamonte Springs FL 32701-4501
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOGG, JOAN		3.2 NAME	David Mantz
STREET ADDRESS 808 GULF BLVD		3.3 STREET ADDRESS	5395 47 Ave North
CITY-ST-ZIP INDIAN ROCKS BEACH FL		3.4 CITY-ST-ZIP	St Petersburg FL 33708
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEAUNOR, MARY		4.2 NAME	Jeanne Kreidler
STREET ADDRESS 1100 PATERSON DRIVE		4.3 STREET ADDRESS	12191 SE 57 Ave
CITY-ST-ZIP SARASOTA FL 34234		4.4 CITY-ST-ZIP	Bellevue FL 34420
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Richard Brinkman **1/18/98**

CR2E037 (10/97)