2004 **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90011 049 ****61.25

DOCUMENT # N94000004581

1. Entity Name
Urantia Association of Florida Corporation

94020102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
722 S. Rome Avenue	722 S. Rome Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

4. FEI Number 59-3238898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jordan, Baker

Street Address (P.O. Box Number is Not Acceptable): 722 S. Rome Avenue

City: Tampa FL Zip Code: 33606

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Baker, Jordan 722 S. Rome Avenue, Tampa, FL 33606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Mantz, David 13683 87th Ave. North, Seminole, FL 33776
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Walker, Peter 7651 Gate Pkwy. #101, Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Yeago, Patsy 3361 NW85th Ave#108, CoralSprings,FL 33065
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CR2E037B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Walker 02/21/04 904 449-1416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #