


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 768108
 1. Entity Name
FLORIDA UNITED CHARITIES, INC.



Principal Place of Business Mailing Address
1221 TURNER STREET **1221 TURNER STREET**
SUITE 106 **SUITE 106**
CLEARWATER FL 33756 **CLEARWATER FL 33756**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

1st MOORE CR2E037 (10/05)
 4. FEI Number Applied For
59-2895811 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country Zip Country

6. Name and Address of Current Registered Agent
RUBAI, JAWDET I.
1348 S MISSOURI AVE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	VD	<input type="checkbox"/> Delete
NAME	MEYER, LASSIE L.	
STREET ADDRESS	RT. 1 BOX 380-A SHANNON	
CITY- ST- ZIP	COOKEVILLE TN 38501	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURR, F.J.	
STREET ADDRESS	1221 TURNER ST	
CITY- ST- ZIP	CLEARWATER FL 33756	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TIERNEY, FLORENCE	
STREET ADDRESS	31 ISLAND WAY APT 1004	
CITY- ST- ZIP	CLEARWATER FL 34630	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MASCHING, JANET	
STREET ADDRESS	174 ARBOR DR W	
CITY- ST- ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

400000515622
 04/29/06-80216-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **F. J. BURR (PRES)** *F. J. Burr* 4/12/2006