

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90049 034 \*\*\*\*70.00



**DOCUMENT # 768108**

1. Entity Name  
FLORIDA UNITED CHARITIES, INC.

Principal Place of Business  
1221 TURNER STREET  
SUITE 106  
CLEARWATER, FL 33756

Mailing Address  
P.O. Box 2332  
Dunedin, FL 34698



04192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2895811	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RUBAIL, JAWDET I.  
4348 S MISSOURI AVE  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ram F. Burr* PRESIDENT

4/21/07

Date

727-734-8579

Daytime Phone #