

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768108

FILED  
Feb 22, 2009  
Secretary of State

Entity Name: FLORIDA UNITED CHARITIES, INC.

**Current Principal Place of Business:**

1221 TURNER STREET  
SUITE 106  
CLEARWATER, FL 33756

**New Principal Place of Business:**

2057 RIDGECREST DRIVE  
DUNEDIN, FL 34698 US

**Current Mailing Address:**

P.O. BOX 2332  
DUNEDIN, FL 34698

**New Mailing Address:**

P.O. BOX 5014  
CLEARWATER, FL 33578 US

FEI Number: 59-2895811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RUBAIL, JAWDET I.  
1348 S MISSOURI AVE  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MEYER, LASSIE L.,  
Address: RT. 1 BOX 380-A SHANNON  
City-St-Zip: COOKEVILLE, TN 38501

Title: PD ( ) Delete  
Name: BURR, F.J.,  
Address: 1221 TURNER ST  
City-St-Zip: CLEARWATER, FL 33756

Title: STD ( ) Delete  
Name: TIERNEY, FLORENCE  
Address: 31 ISLAND WAY APT 1004  
City-St-Zip: CLEARWATER, FL 34630

Title: VPD ( ) Delete  
Name: MASCHING, JANET  
Address: 174 ARBOR DR W  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: BURR, F.J.,  
Address: P.O. BOX 5014  
City-St-Zip: CLEARWATER, FL 33578 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. J. BURR

PD

02/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date