

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006058

FILED
Jul 19, 2004
Secretary of State

Entity Name: UNITED ADVOCATES FOR FAMILIES, INC.

Current Principal Place of Business:

23123 STATE RD 7
STE 200-B
BOCA RATON, FL 33428

New Principal Place of Business:

23123 STATE RD 7
STE 304
BOCA RATON, FL 33428

Current Mailing Address:

23123 STATE RD 7
STE 200-B
BOCA RATON, FL 33428

New Mailing Address:

23123 STATE RD 7
STE 304
BOCA RATON, FL 33428

FEI Number: 54-1706858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: PLUSHKO, VALENTIN
Address: 12761 NW 75TH STREET
City-St-Zip: POMPANO BEACH, FL 33076

Title: ST () Delete
Name: PLUSHKO, VALENTIN
Address: 12761 NW 75TH STREET
City-St-Zip: POMPANO BEACH, FL 33076

Title: D () Delete
Name: GREEN, ROBIN
Address: 650 OLD BASS RIVER RD
City-St-Zip: DENNIS, MA 02638

Title: D (X) Delete
Name: PLUSHKO, NADIA
Address: 12761 NW 75TH STREET
City-St-Zip: POMPANO BEACH, FL 33076

Title: D (X) Delete
Name: HUBER, JOHN
Address: 7383 LEE DAVIS RD
City-St-Zip: MECHANICSVILLE, VA 23111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHM (X) Change () Addition
Name: GALLAGHER, JEFFREY
Address: 10487 LAKE RIDGE PARKWAY STE 400
City-St-Zip: ASHLAND, MD 23055

Title: D (X) Change () Addition
Name: HUBER, JOHN
Address: 7383 LEE DAVIS ROAD
City-St-Zip: MECHANICSVILLE, VA 23111

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

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY GALLAGHER

CHM

07/19/2004

Electronic Signature of Signing Officer or Director

Date