

NON-PROFIT

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 26 PM 3:00

DOCUMENT # F01000006058

1. Entity Name

UNITED ADVOCATES FOR FAMILIES, INC.



Principal Place of Business

23123 STATE RD 7

STE 304

BOCA RATON, FL 33428

Mailing Address

23123 STATE RD 7

STE 304

BOCA RATON, FL 33428



03302005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1706858

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

**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

**FILE NOW!!! FEE IS \$158.00
After May 1, 2005 Fee will be \$550.00**

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
CHM
GALLAGHER, JEFFREY
10487 LAKE RIDGE PARKWAY STE 400
ASHLAND, MD 23055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUBER, JOHN
7383 LEE DAVIS ROAD
MECHANICSVILLE, VA 23111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREEN, ROBIN
650 OLD BASS RIVER RD
DENNIS, MA 02638

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kenneth Brown
207 1/2 East Orange Ave.
Fort Pierce, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100054002871
05/06/05--01041--013 **8.75

**DO NOT WRITE
IN THIS SPACE**

100054002871
05/06/05--01041--012 **61.25

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 607, 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:

Jeffrey M. Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

Date

804-412-1026

Daytime Phone #