

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N0000002671 1. Entity Name UNITED CHARITIES OF AMERICA, INC.		
Principal Place of Business 1926 HOLLYWOOD BLVD SUITE 206 HOLLYWOOD FL 33020		Mailing Address 2436 N FEDERDO # 261 LIGHTHOUSE POINT FL 33064
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
6. Name and Address of Current Registered Agent TEEL, DAVID 3436 N FEDERAL HWY #261 LIGHTHOUSE POINT FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City



MOORE CR2E037 (11/03)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT TEEL, DAVID	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000046044 02/11/04-80087-013 211.25
NAME	8885 VENICE BLVD # 103	NAME	
STREET ADDRESS	LOS ANGELES CA 90034	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D BEHAN, GEORGE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2642 EAST OAKLAND PARK BLVD	NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33306	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D SCHNAPP, LORI	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9411 KIRKSIDE	NAME	
STREET ADDRESS	LOS ANGELES CA 90035	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	T TEEL, MARCY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17735 HOLT	NAME	
STREET ADDRESS	LOS ANGELES CA 90035	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR