


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002671 1. Entity Name UNITED CHARITIES OF AMERICA, INC.	
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Principal Place of Business 2436 N FEDERDO SUITE # 261 LIGHTHOUSE POINT, FL 33064 US	Mailing Address 2436 N FEDERDO SUITE # 261 LIGHTHOUSE POINT, FL 33064 US
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DO NOT WRITE IN THIS SPACE

01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1004737	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TEEL, DAVID
2436 N FEDERAL HWY
SUITE #261
LIGHTHOUSE POINT, FL 33064

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000182030
01/19/05-80012-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT TEEL, DAVID 8885 VENICE BLVD # 103 LOS ANGELES, CA 90034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHNAPP, LORI 9411 KIRKSIDE LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TEEL, MARCY 17735 HOLT LOS ANGELES, CA 90035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:

D. Teel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #