

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008200

FILED  
Mar 11, 2005  
Secretary of State

**Entity Name:** UNITED MALE USHERS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

303 E. JACKSON STREET  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

29608 CAMP ROAD  
TAVARES, FL 32778

**Current Mailing Address:**

1259 E. GRANT AVENUE  
MOUNT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 02-0597823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNAIR, KEITH P  
1259 E. GRANT AVENUE  
MOUNT DORA, FL 32757 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: PD ( ) Delete  
Name: MCNAIR, KEITH P  
Address: 1259 E. GRANT AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD ( ) Delete  
Name: MAJOR, DOUGLAS  
Address: 1020 MCNAMEE STREET  
City-St-Zip: LEESBURG, FL 34748

Title: T ( ) Delete  
Name: COLBERT, OSCAR  
Address: 687 E. EUCLID AVENUE  
City-St-Zip: DELAND, FL 32724

Title: FS ( ) Delete  
Name: GRAY, SIDNEY  
Address: 2215 MISTAN AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: AD ( ) Delete  
Name: LEE, REV LEROY  
Address: 718 MCCORMICK  
City-St-Zip: LEESBURG, FL 34748

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

Title: PD (X) Change ( ) Addition  
Name: MAJOR, DOUGLAS  
Address: 1020 MCNAMEE STREET  
City-St-Zip: LEESBURG, FL 34748

Title: VPD (X) Change ( ) Addition  
Name: SAMPSON, CLAY  
Address: 638 SAGO LANE  
City-St-Zip: ORLANDO, FL 32811

Title: T (X) Change ( ) Addition  
Name: MCNAIR, KEITH P  
Address: 1259 E. GRANT AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

Title: FS (X) Change ( ) Addition  
Name: GODWIN, ROBERT  
Address: 1039 PARKWOOD AVENUE  
City-St-Zip: GROVELAND, FL 34736

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

SIGNATURE: KEITH P. MCNAIR

T

03/11/2005

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

\_\_\_\_\_  
Date