2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008200

FILED Feb 20, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 29608 CAMP ROAD TAVARES, FL 32778 **Current Mailing Address: New Mailing Address:** 1259 E. GRANT AVENUE MOUNT DORA, FL 32757 FEI Number: 02-0597823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNAIR, KEITH P 1259 E. GRANT AVENUE MOUNT DORA, FL 32757 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MAJOR, DOUGLAS Name: Name: 1020 MCNAMEE STREET Address: Address: LEESBURG, FL 34748 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: SAMPSON, CLAY Name: Address: 638 SAGO LANE Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: () Delete Title: () Change () Addition MCNAIR, KEITH P Name: Name: 1259 E. GRANT AVENUE Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: FS () Delete Title: () Change () Addition Name: GODWIN, ROBERT Name: 1039 PARKWOOD AVENUE Address: Address: City-St-Zip: GROVELAND, FL 34736 City-St-Zip: Title: () Delete Title: AD (X) Change () Addition LEE, REV LEROY DAVIS, CASSANDRA Name: Name: 718 MCCORMICK 935 PARKWOOD AVENUE Address: Address: LEESBURG, FL 34748 GROVELAND, FL 34736 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 Т 02/20/2006