

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008200

FILED
May 22, 2008
Secretary of State

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

Current Principal Place of Business:

303 E. JACKSON AVENUE
MOUNT DORA, FL 32757

New Principal Place of Business:

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
Address: 1259 E. GRANT AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD () Delete
Name: GRAY, SIDNEY
Address: 2631 SHIRLEYS WAY
City-St-Zip: LEESBURG, FL 34748

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

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

Title: RS () Delete
Name: STEVENSON, RODNEY
Address: 5601 POMELO AVENUE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PD

05/22/2008

Electronic Signature of Signing Officer or Director

Date