

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90056 040 ****61.25

DOCUMENT # N02000001649



1. Entity Name
UNITED AMERICAN FAMILY ALLIANCE, INC.

Principal Place of Business
4129 BENNETT DR
MOUNT DORA, FL 32757

Mailing Address
PO BOX 347
MOUNT DORA, FL 32756

2. Principal Place of Business
4129 UNITED AVENUE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 347
Suite, Apt. #, etc.

City & State
MOUNT DORA FL
Zip 32757 Country FLA

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MOUNT DORA FL
Zip 32756 Country FLA

01082004 Chg-NP CR2E037 (10/03)

4. FEI Number
03-0411632
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HURLEY, BRYAN
4129 BENNETT DR
MOUNT DORA, FL 32757

7. Name and Address of New Registered Agent

Name
BRYAN HURLEY
Street Address (P.O. Box Number is Not Acceptable)
4129 UNITED AVENUE
City MOUNT DORA FL Zip Code 32757

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURLEY, BRYAN PO BOX 347 MOUNT DORA, FL 32756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HURLEY, DAVID PO BOX 347 MOUNT DORA, FL 32756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, JAMIE PO BOX 347 MOUNT DORA, FL 32756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone # K 300

1-9-04 352-357-9200