

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004292

FILED
Jun 22, 2009
Secretary of State

Entity Name: URANTIA ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1302 NORTH N STEET
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1286
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 42-1762856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

WALLACE, BETTY
1302 NORTH N STREET
LAKE WORTH, FL 33460 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:

Title: P () Delete
Name: WALLACE, BETTY
Address: 1302 NORTH N STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WALLACE, BETTY A
Address: 1302 NORTH N STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: P () Change (X) Addition
Name: WILLIAMS, MINDY
Address: 11630 MONETTE ROAD
City-St-Zip: RIVERVIEW, FL

Title: S () Change (X) Addition
Name: DICKINSON, DAWN
Address: PO BOX 355
City-St-Zip: ALACHUA, FL 32616

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: BETTY WALLACE

TRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date