

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004292

FILED  
Feb 07, 2012  
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 208  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

PO BOX 208  
LAKE WORTH, FL 33460 US

**FEI Number:** 42-1762856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLACE, BETTY  
1302 NORTH N STREET  
LAKE WORTH, FL 33460 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: T  
Name: REYNOLDS, KATHLEEN  
Address: 531 S. FEDERAL HWY. #21  
City-St-Zip: LAKE WORTH, FL 33460 US

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

Title: S  
Name: PRATT, GARY  
Address: 4513 LAKE TRUDY DRIVE  
City-St-Zip: ST. CLOUD, FL 34769

Title: VP  
Name: KEENE-LUND, SHEILA  
Address: 93 PALERMO PLACE  
City-St-Zip: THE VILLAGES AT LADY LAKE, FL 32159

I hereby 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 all other like empowered.

SIGNATURE: BETTY A. WALLACE

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02/07/2012

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

\_\_\_\_\_  
Date