

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001063

FILED
May 14, 2010
Secretary of State

Entity Name: UNITED RELIEF FORCE FOUNDATION, SM, INC.

Current Principal Place of Business:

3191 WINDCHIME CIRCLE
APOPKA, FL 32703

New Principal Place of Business:

3191 WINDCHIME CIRCLE WEST
APOPKA, FL 32703

Current Mailing Address:

3191 WINDCHIME CIRCLE
APOPKA, FL 32703

New Mailing Address:

3191 WINDCHIME CIRCLE WEST
APOPKA, FL 32703

FEI Number: 26-4480867 **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:

ADAMS, TIM
1350 WEST COLONIAL DRIVE
SUITE A
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

CHEVALIER, GUY R PD
3316 HOSKINS HOLLER
316A
ORLANDO, FL 32826 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: GUY CHEVALIER

05/14/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: JONES, REBECCA C VPD
Address: 3316 HOSKINS HOLLER APT. 316A
City-St-Zip: ORLANDO, FL 32826

Title: D
Name: JOSEPH, PAUL J
Address: 1214 MAVERICK DRIVE
City-St-Zip: APOPKA, FL 32703

Title: TD
Name: SENATUS, JOHANN
Address: 1214 MAVERICK DRIVE
City-St-Zip: APOPKA, FL 32703

Title: D
Name: PROSPER, LEON
Address: 3191 WINDCHIME CIRCLE WEST
City-St-Zip: APOPKA, FL 32703

Title: D
Name: PROSPER, JOEY
Address: 3191 WINDCHIME CIRCLE WEST
City-St-Zip: APOPKA, FL 32703

Title: D
Name: JOSEPH, JEAN PIERRE
Address: 1214 MAVERICK DRIVE
City-St-Zip: APOPKA, FL 32703

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: GUY CHEVALIER

PD

05/14/2010

Electronic Signature of Signing Officer or Director

Date