

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001063

FILED
Mar 23, 2011
Secretary of State

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

Current Principal Place of Business:

3191 WINDCHIME CIRCLE WEST
APOPKA, FL 32703

New Principal Place of Business:

499 NORTH STATE ROAD 434
2151
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

3191 WINDCHIME CIRCLE WEST
APOPKA, FL 32703

New Mailing Address:

PO BOX 941763
MAITLAND, FL 32794

FEI Number: 26-4480867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHEVALIER, GUY R PD
499 NORTH STATE ROAD 434
2151
ALTAMONTE SPRINGS, FL 32714 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

03/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CHEVALIER, GUY R PD
Address: 499 NORTH STATE ROAD 434 STE. 2151
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PC
Name: MATHURIN, ABNET
Address: 499 NORTH STATE ROAD 434 STE. 2151
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: FD
Name: SCHILLER, SLOAN
Address: 499 NORTH STATE ROAD 434 STE. 2151
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: THOMAS, LATRISSA
Address: 499 NORTH STATE ROAD 434 STE. 2151
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: JOSEPH, JEAN PIERRE
Address: 499 NORTH STATE ROAD 434 STE. 2151
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: PROSPER, LEON
Address: 499 NORTH STATE ROAD 434 STE. 2151
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

03/23/2011

Electronic Signature of Signing Officer or Director

Date