

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28660

FILED
Mar 05, 2007
Secretary of State

Entity Name: ASSOCIATION OF UNITED PROFESSIONALS, INCORPORATED

Current Principal Place of Business:

ROTATE
P.O. BOX 6354
MARIANNA, FL 32447 US

New Principal Place of Business:

3195 BUTTERCUP LANE
MARIANNA, FL 32446 US

Current Mailing Address:

P.O. BOX 6354
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIRES, WILLIE
4818 EBONY COURT
MARIANNA, FL 32446 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: VP () Delete
Name: WILLIAMS, RANDY P
Address: 4528 BELLAMY BRIDGE ROAD
City-St-Zip: MARIANNA, FL 32446

Title: P () Delete
Name: SPEIGHTS, JAMES E
Address: 3195 BUTTERCUP LANE
City-St-Zip: MARIANNA, FL 32446

Title: TD () Delete
Name: MCCLENDON, MARY
Address: 4275 OAK STREET
City-St-Zip: MARIANNA, FL 32447

Title: PD () Delete
Name: BREWER, BARBARA
Address: 3470 BUMPNOSE ROAD
City-St-Zip: MARIANNA, FL 32447

Title: SD () Delete
Name: IRA, CLARK
Address: 5900 HARTSFIELD ROAD
City-St-Zip: GREENWOOD, FL 32443

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES SPEIGHTS

PRES

03/05/2007

Electronic Signature of Signing Officer or Director

Date