

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28660

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** ASSOCIATION OF UNITED PROFESSIONALS, INCORPORATED

**Current Principal Place of Business:**

3195 BUTTERCUP LANE  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**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 (X)**

**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  
Name: WILLIAMS, RANDY P  
Address: 4528 BELLAMY BRIDGE ROAD  
City-St-Zip: MARIANNA, FL 32446

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

Title: TD  
Name: MCCLENDON, MARY  
Address: 4275 OAK STREET  
City-St-Zip: MARIANNA, FL 32448

Title: PD  
Name: BREWER, BARBARA  
Address: 3470 BUMPNOSE ROAD  
City-St-Zip: MARIANNA, FL 32448

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

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: MARY M. MCCLENDON

TD

04/17/2012

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

\_\_\_\_\_  
Date