

**CORPORATION
ANNUAL REPORT
1995**

Florida Department of State
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38307 (7)
1. Corporation Name
GET UNIFIED NOW POLITICAL ACTION COMMITTEE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**C/O KENNETH S. BEALL, JR.
777 S. FLAGLER DR. #500 EAST
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified **05/23/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0216116** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 25 Country 29 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BEALL, KENNETH S. JR.
777 S. FLAGLER DR #500 EAST
SUITE 500 E
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CPD
NAME	MCINTOSH, DAVID
STREET ADDRESS	777 S FLAGLER DR #500 E
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPD
NAME	BRINDELL, JAMES R.
STREET ADDRESS	777 S FLAGLER DR #500 E
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPD
NAME	CARMODY, JOHN T., JR.
STREET ADDRESS	10 CENTRAL PKWY #400
CITY-ST-ZIP	STUART FL
TITLE	VPD
NAME	DUKE, DAVIS W.
STREET ADDRESS	1 E BROWARD BLVD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	ST
NAME	WILDERMUTH, CHARLES
STREET ADDRESS	655 S FLAGLER DR STE 500
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nelson, Larry
5.3 STREET ADDRESS	777 S. Flagler Dr. STE 500 E
5.4 CITY-ST-ZIP	W. Palm Beach, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on initial report) with an address.

SIGNATURE: David McIntosh, President 7/6/95 107-650-0493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
David McIntosh