FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

N38307

(7)

GET UNIFIED NOW POLITICAL ACTION COMMITTEE.	INC.	C.
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Principal Place of Business Mailing Address						-		
C/O KENNETH S. BEALL. JR. 777 S. FLAGLER DR. #500 EAST WEST PALM BEACH FL 33401 C/O KENNETH S. BEALL. 777 S. FLAGLER DR. #500 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			#500 EAST					
						3. Date Incorporated or Qualified 05/23/1990	3a. Date of Last 07/13/1	
2. Principal Pla	2. Principal Place of Business 2a. Mailing Addre					4. FEI Number 65-0216116		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional
27						5. Certificate of Status Desired	¥ - · · · -	Required
23 City & State	City & State City & State					Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip	Cour	nlry		8. This corporation has liability for it		
24	25 25	29	30] Yes □ No	.,,,,,
	9. Name and Address of Currer	nt Registered Agent		04		10. Name and Address of New Ro	egistered Agent	
DP411	VENDERI A ID			81	Name			
	Kenneth S. Jr. Flagler dr #500 east			82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)	
SUITE 5				83				
WEST P	ALM BEACH FL 33401		ŀ	84	City		85 Zg	Code
11 Purcuant to	n the provisions of Sections 617.0500	2 and 642 4600 fts. ds 01 4 4						
Or register	ed agent, or both, in the State of Flori h, and accept the obligations of, Secl	ua. Such coance was authoriz	ed by the c	ve-na orpo	amed corpora pration's board	ation submits this statement for the purp d o' directors. I hereby accept the appo	oose of changing its r intment as registered	egistered office agent. I am
SIGNATURE _								
12.	Signature, typod or printed name of registered agent	t and little of applicable (NC ID DIRECTORS		Agent	signature required		DATE	
TITLE	CPD	DELETE	13. 11 III			ADD TIONS/CHANGES TO OFFI	GERS AND DIRECTO	
NAME	MCINTOSH, DAVID	Посселе	12 NA				Addition :	
STREET ADDRESS	777 S FLAGLER DR #500 E	:			ADDRESS			į:
CITY - ST - ZIP	WEST PALM BEACH FL			1.3 STREET ADDRESS 1.4 CITY - ST- ZIP				
TITLE	VPD						☐ Change	Addition (
NAME	BRINDELL, JAMES R.		2.2 NA	2.2 NAME			_ ,	_
STREET ADDRESS	777 S FLAGLER DR #500 E		23 51	REELA	ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		2 4 CI	2 4 CITY - ST - ZIP				
TITLE	1 mp		3 1 TIT	LE			☐ Change	Addition
NAME	CARMODY, JOHN T., JR.		3 2 NA	ME				
STREET ADDRESS	10 CENTRAL PKWY #400			REET A	ADDRESS			
CITY-ST-ZIP	STUART FL		3 4. Ci	TY-S1	I - ZIP			
TITLE	VPD	□DELETE	4 1 TIT	LE			☐ Change	Addition
NAME	DUKE, DAVIS W.		4 2 NA	ME				
STREET ADDRESS	1 E BROWARD BLVD		4.3 \$16	HEET A	ADDRESS			
CITY - ST - ZIP	FT LAUDERDALE FL	Doriete	4.4 C+T		-ZIP			
TITLE	ST NELCON LARRY	DELETE	5 1 T ¹ T				Change	☐ Addition
NAME STOCET ADDRESS	NELSON, LARRY	p	5.2 NA					
STREET ADDRESS	777 S FLAGER DR STE 500	E			ADDRESS			
CITY+ST-ZIP TITLE	W. PALM BEACH FL	Постеть	5 4 CH		-ZIP			
NAME		DELETE	. 6 1 TIT				Change	☐ Addition
STREET ADDRESS			6.2 NA:					
					ADDRESS			
CITY-ST-ZIP	v certify that the information supplied	with this filing is voluntarily fur-	6 4 CiT			the second secon	70	

If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 in Block 12 or Block 13 if charged, or organ attachment with an address.

SIGNATURE:

SIGNATURE METYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 407-650-0693