


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N38307
 1. Entity Name
GET UNIFIED NOW POLITICAL ACTION COMMITTEE, INC.



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

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



01162004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0216116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COX, ERNEST A III
 777 S. FLAGLER DRIVE
 SUITE 500E
 WEST PALM BEACH, FL 33401**

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee Is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	COX, ERNEST A III
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	HALL, D
STREET ADDRESS	500 E BROWARD BLVD., SUITE 1400
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VD
NAME	KASDIN, NEISEN
STREET ADDRESS	2 SOUTH BISCAYNE BLVD, #3400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	ST
NAME	SNOWDEN, DAVID
STREET ADDRESS	777 S. FLAGLER DRIVE SUITE 500 E
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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 01/22/04-80017-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/19/04** **561-650-0593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #