2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Mar 02, 2005 08:00 AM Secretary of State



02242005 No Chg-NP

CR2E037 (10/03)

4. FE! Number 65-0216116 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

COX, ERNEST A III
777 S. FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH, FL 33401

DO	NOT	WRITE
IN	THIS	SPACE

2-28-05

Dale

561-655-1980

Daytime Phone #

l							
8. The above the obliga	a named entity submits this statement for the ptions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of	of Florida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	Sapplicable (NOTE Registered Ad	ent signalure	e required when reinstating)		PATE	
		<u> </u>				7	
	Filing Fee is \$61.25 Due by May 1, 2005	 Election Campaign Financin Trust Fund Contribution. 	g 🗆	\$5.00 May Be Added to Fees	ĺ		
10.	OFFICERS AND DIREC	TORS			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O COX, ERNEST A III 777 S FLAGLER DR #500 E WEST PALM BEACH, FL				ميحذبدرو		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRINDELL, JAMES R. 777 S FLAGLER DR #500 E WEST PALM BEACH, FL				U00000248197 03/02/05-80019-017 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO CENTIONE I TOTAL		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALL, D 500 E BROWARD BLVD., SUITE 1400 FT LAUDERDALE, FL			IN '	THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNOWDEN, DAVID 777 S. FLAGLER DRIVE SUITE 500 E WEST PALM BEACH, FL 33401		ion atat-	J. Davilla do Cara	(a) Electrical (c)		
indicated of the cor changed,	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the exempt not accurate and that my signature to execute this report as required other like empowered.	shall hav	the same legal effector 617, Florida Statute	try, riorida Statut of as if made und es; and that my r	es, i further certify that der oath; that I am an c name appears in Block	fficer or director 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR