

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 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**



03292006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **\$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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000491039
04/19/06-80006-010 61.25**

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	VPO
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06
Date

562650
Daytime Phone #