
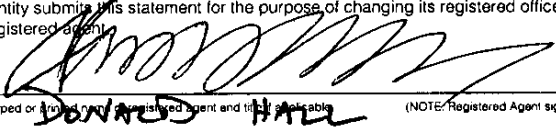
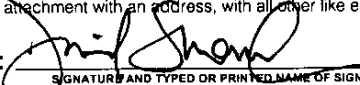


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90060 050 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0216116	
Zip		Country		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				7. Name and Address of New Registered Agent Name: DONALD HALL Street Address (P.O. Box Number is Not Acceptable): 450 E. LAS OLAS BLVD SUITE 1400 City: FT. LAUDERDALE FL Zip Code: 33301	
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: 		3-18-08		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINDELL, JAMES R.		NAME	SEYMOUR BRIAN	
STREET ADDRESS	777 S FLAGLER DR #500 E		STREET ADDRESS	777 S. FLAGLER DR #500 E	
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMODY, JOHN T., JR.		NAME	DAVIS, HEIDI	
STREET ADDRESS	10 CENTRAL PKWY #400		STREET ADDRESS	450 E. LAS OLAS BLVD #1400	
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, D		NAME		
STREET ADDRESS	450 E. LAS OLAS BLVD SUITE 1400		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASDIN, NEISEN		NAME		
STREET ADDRESS	2 SOUTH BISCAYNE BLVD. #3400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOWDEN, DAVID		NAME		
STREET ADDRESS	777 S. FLAGLER DRIVE SUITE 500 E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		DAVID SNOWDEN, TREASURER		3/20/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone #	