

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38307

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** GET UNIFIED NOW POLITICAL ACTION COMMITTEE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0216116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, DONALD  
450 E LAS OLAS BLVD  
SUITE 1400  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: BRINDELL, JAMES R.  
Address: 777 S FLAGLER DR #500 E  
City-St-Zip: WEST PALM BEACH, FL

Title: VPD ( ) Delete  
Name: CARMODY, JOHN T., JR.  
Address: 10 CENTRAL PKWY #400  
City-St-Zip: STUART, FL

Title: VPD ( ) Delete  
Name: HALL, D  
Address: 450 E. LAS OLAS BLVD SUITE 1400  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: SEYMOUR, BRIAN  
Address: 777 S FLAGLER DR, # 500E  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST ( ) Delete  
Name: SNOWDEN, DAVID  
Address: 777 S. FLAGLER DRIVE SUITE 500 E  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: DAVIS, HEIDI  
Address: 450 E LAS OLAS BLVD, # 1400  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SNOWDEN

ST

04/07/2009

Electronic Signature of Signing Officer or Director

Date