

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001202**

1. Corporation Name

United Christian Association

Principal Place of Business

Mailing Address

**6023 26th St W
#243
Bradenton FL 34207**

**6023 26th St W
#243
Bradenton FL 34207**

2. Principal Place of Business

2a. Mailing Address

21 **6023 26th St W**

26 **6023 26th St W**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#243**

27 **#243**

City & State

City & State

23 **Bradenton FL**

28 **Bradenton FL**

Zip

Country

Zip

Country

24 **34207**

25 **manatee**

29 **34207**

30 **manatee**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

march 12 1993

May 1995

4. FEI Number

Applied For

25-0461033

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

JAVED BESHEER

82 Street Address (P.O. Box Number is Not Acceptable)

4504 3rd St Cir W

83

#447

84 City

Bradenton

FL

85 Zip Code

34207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Chairman** ☐ DELETE

NAME **JAVED BESHEER**
STREET ADDRESS **4504 3rd St Cir W**
CITY-ST-ZIP **Bradenton FL 34207**

TITLE **President** ☐ DELETE

NAME **Robert Adams**
STREET ADDRESS **441 34th Ave Dr E**
CITY-ST-ZIP **Bradenton FL 34208**

TITLE **Secretary** ☐ DELETE

NAME **Denise Wells**
STREET ADDRESS **285 34th Ave Dr E**
CITY-ST-ZIP **Bradenton FL 34208**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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*****61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-96

747-9902

Date

Daytime Phone #

CR2E037 (12/95)