

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 # N93000002585 (8)

1. Corporation Name

UNITED WE STAND AMERICA-FLORIDA, INC.



Principal Place of Business

Mailing Address

**515 EAST PARK AVE
TALLAHASSEE FL 32301
US**

**2105 COLONY DRIVE
MELBOURNE FL 32935
US**

2. Principal Place of Business

2a. Mailing Address

21 2105 COLONY DRIVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MELBOURNE, FL

28

Zip

Country

Zip

Country

24 32935

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, CHERIE J.
2105 COLONY DRIVE
MELBOURNE FL 32935**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CPD** ☐ DELETE
NAME **ANDERSON, CHERIE J.**
STREET ADDRESS **2105 COLONY DR.**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **BETTY WRIGHT**
1.3 STREET ADDRESS **11356 SIXTH AVE**
1.4 CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **D** ☒ DELETE
NAME **BAST, KATHRYN L.**
STREET ADDRESS **54 BYRONIMA CIRCLE**
CITY-ST-ZIP **HOMOSASSA FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **MORT BONESTEEL**
2.3 STREET ADDRESS **378 STEEPLECHASE LANE**
2.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **SD** ☐ DELETE
NAME **BROWN, PATRICIA A.**
STREET ADDRESS **10447 SPINDRIFT LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **BOB AVITABLE**
3.3 STREET ADDRESS **7655 DEEDRA CIRCLE**
3.4 CITY-ST-ZIP **PORT RICHIE, FL 34668**

TITLE **TD** ☐ DELETE
NAME **LELIO, JOHN P.**
STREET ADDRESS **1791 SE 12TH STREET**
CITY-ST-ZIP **LARGO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **LEE, ROBERT E.**
STREET ADDRESS **842 SW NICHOLS TERRACE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **KLEIN, PAULINE**
STREET ADDRESS **22 SOUTH DRIVE**
CITY-ST-ZIP **KEY LARGO FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Patricia A. Brown PATRICIA A. BROWN 4-29-96 904-292-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)