

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003976 (7)

1. Corporation Name

UNIFIED KU KLUX KLAN, INC.



Principal Place of Business

Mailing Address

NATIONAL OFFICE
P.O. BOX 700
GREEN COVE SPRINGS FL 32043-1889

NATIONAL OFFICE
P.O. BOX 700
GREEN COVE SPRINGS FL 32043-1889

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3260136

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THROWER, PAUL R
3465 RUSSELL ROAD
GREEN COVE SPRINGS FL 32043

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 PD ☐ DELETE
NAME SHUMAKER, MIKE
STREET ADDRESS P O BOX 700
CITY-ST-ZIP GREEN COVE SPRINGS FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MIKE SHUMAKER
1.3 STREET ADDRESS 904 ALLIE MURRAY RD.
1.4 CITY-ST-ZIP MIDDLEBURG, FL.

TITLE VDT ☐ DELETE
NAME THROWER, PAUL
STREET ADDRESS 3465 RUSSELL RD
CITY-ST-ZIP GREEN COVE SPRINGS FL

2.1 TITLE VDT ☒ Change ☐ Addition
2.2 NAME PAUL THROWER
2.3 STREET ADDRESS 1334 THROWER RD.
2.4 CITY-ST-ZIP GREEN COVE SPRINGS, FL.

TITLE ST ☐ DELETE
NAME WARREN, WANDA
STREET ADDRESS P O BOX 700
CITY-ST-ZIP GREEN COVE SPRINGS FL

3.1 TITLE ST ☒ Change ☐ Addition
3.2 NAME WANDA WARREN
3.3 STREET ADDRESS 1334 THROWER RD.
3.4 CITY-ST-ZIP GREEN COVE SPRINGS, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE 400001838304
5.2 NAME -05/24/96--01034--002
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE 500001838305
6.2 NAME -05/24/96--01034--003
6.3 STREET ADDRESS ***8.75
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: *Paul R. Thrower* PAUL R. THROWER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96
Date

904-284-9006
Daytime Phone #

CR2E037 (12/95)