

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004581 (4)

1. Corporation Name

URANTIA ASSOCIATION OF FLORIDA CORPORATION



Principal Place of Business

808 GULF BLVD
INDIAN ROCKS BEACH FL 34635

Mailing Address

808 GULF BLVD
INDIAN ROCKS BEACH FL 34635

3817 GATEWOOD DR.
SARASOTA, FL. 34232

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
08/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **3817 GATEWOOD DR.**

26 **3817 GATEWOOD DR.**

4. FEI Number

59-3238898

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **SARASOTA FL.**

28 **SARASOTA, FL.**

Zip

Country

Zip

Country

24 **34232**

25 **SARASOTA**

29 **34232**

30 **SARASOTA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRINKMAN, RICHARD
3817 GATEWOOD DRIVE
SARASOTA FL 34232**

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

Richard Brinkman

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **BRINKMAN, RICHARD**
STREET ADDRESS **3817 GATEWOOD DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **SD** ☐ DELETE

NAME **KREIDLER, JEANNE**
STREET ADDRESS **2215 SW 14TH AVE #61**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **VP** ☒ DELETE

NAME **QUINN, PETER**
STREET ADDRESS **313 S.W. 16 COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **TD** ☐ DELETE

NAME **BEAUNOR, MARY**
STREET ADDRESS **1100 PATERSON DRIVE**
CITY-ST-ZIP **SARASOTA FL 34234**

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

**JOAN HOGG
808 GULF BLVD
INDIAN ROCKS BEACH, FL. 34635**

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

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:

Richard Brinkman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 941-377-1982

Date

Daytime Phone #

CR2E037 (12/95)