

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004581

FILED
Mar 25, 2006
Secretary of State

Entity Name: URANTIA ASSOCIATION OF FLORIDA CORPORATION

Current Principal Place of Business:

722 S. ROME AVENUE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

722 S. ROME AVENUE
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-3238898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, JORDAN
722 S. ROME AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

BAKER, JORDAN
722 S. ROME AVENUE
TAMPA, FL 33606 US

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: _____

03/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAKER, JORDAN
Address: 722 S. ROME AVENUE
City-St-Zip: TAMPA, FL 33606

Title: VD () Delete
Name: MANTZ, DAVID
Address: 13683 87TH AVE. NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: TD () Delete
Name: WALKER, PETER
Address: 7651 GATE PKWY. #101
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD () Delete
Name: FRANCIS, JEANETTE
Address: 1373 NW 126TH WAY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANTZ, DAVID
Address: 13683 87TH AVE. NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: VD (X) Change () Addition
Name: ZIGLAR, RICHARD
Address: 300 INTERCOASTAL PLACE #303
City-St-Zip: TEQUESTA, FL 33469

Title: TD (X) Change () Addition
Name: WALKER, PETER
Address: 7801 POINT MEADOWS DR 5403
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Change () Addition
Name: FRANCIS, JEANETTE
Address: 9478 C BOCA GARDENS PARKWAY
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER WALKER

TD

03/25/2006

Electronic Signature of Signing Officer or Director

Date