

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001831

FILED
Jul 18, 2005
Secretary of State

Entity Name: UJIMA UNITED, INC.

Current Principal Place of Business:

2525 FAIRFIELD DR.
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

2525 FAIRFIELD DR.
COCOA, FL 32926

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUKES, DEBRA
2525 FAIRFIELD DR.
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUKES, DEBRA
Address: 2525 FAIRFIELD DR.
City-St-Zip: COCOA, FL 32926

Title: VD () Delete
Name: BROOKS, CORA
Address: 861 CROTON RD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: WILSON, DEANNA
Address: 1430 FLOYD DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: WILSON, SHARENE
Address: 834 GARNOER RD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: PRINCE, NITA
Address: 6850 HUNDRED ACRE
City-St-Zip: PSJ, FL 32927

Title: D () Delete
Name: MONTGOMERY, ALTHEA
Address: P.O. BOX 540571
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBRA DUKES

PD

07/18/2005

Electronic Signature of Signing Officer or Director

Date