


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90088 011 \*\*\*\*61.25

DOCUMENT # N96000004334					
1. Entity Name UNITED FELLOWSHIP FOR THE NEEDY, INC.					
Principal Place of Business 127 SOUTH M STREET LAKE WORTH, FL 33460			Mailing Address 127 SOUTH M STREET LAKE WORTH, FL 33460		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LENZA, JACK 127 SOUTH M STREET LAKE WORTH, FL 33460			Name <u>Roy Wiley</u> Street Address (P.O. Box Number is Not Acceptable) <u>711 W. INDIANTOWN RD., STE A4</u> City <u>JUPITER</u> FL <u>33458</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Roy Wiley</u> DATE <u>5.1.06</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENZA, JACK 127 SOUTH M STREET LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROY WILEY 711 W. INDIANTOWN RD A4 JUPITER, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWMANN, JOSEPH 1302 13TH LANE PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIELLE DEANIS 711 W. INDIANTOWN RD A4 JUPITER FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNEIDEL, LINDA 1614 15TH AVE NORTH LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENNIFER FOSTER 711 W. INDIANTOWN RD A4 JUPITER FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LENZA, JENNIE A 1706 HIGH RIDGE RD LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Roy Wiley</u>			5.1.06 561-744-9547 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		