

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON ( ) 30, AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # N97000004063 (0)

1. Corporation Name  
UNITED PARENTS FOR KIDS, INC.



Principal Place of Business Mailing Address  
100 BENT TREE DR APT 82 P O BOX 10475  
DAYTONA BCH FL 32120-0475 BAYTONA BCH FL 32120-0475

3. Date Incorporated or Qualified  
07/16/1997

4. FEI Number Applied For  
59-3457956 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLUZ, DORAYNE M  
100 BENT TREE DR APT 82  
DAYTONA BCH FL 32114

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 Dorayne M Gluz, Director Dorayne M Gluz 7/20/98  
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	Chairperson - (Board of Directors) <input type="checkbox"/> DELETE
NAME	Michael Carley
STREET ADDRESS	83 Gracie Road
CITY-ST-ZIP	Or Bary FL 32713
TITLE	Co-Chair (Board of Directors) <input type="checkbox"/> DELETE
NAME	Marilyn F Malloy
STREET ADDRESS	400 Oakridge Blvd.
CITY-ST-ZIP	Daytona, Beach, FL 32118
TITLE	Treasurer (Board of Directors) <input type="checkbox"/> DELETE
NAME	Nancy K Park
STREET ADDRESS	185 Walker St.
CITY-ST-ZIP	Holly Hill, FL 32117
TITLE	Secretary (Board of Directors) <input type="checkbox"/> DELETE
NAME	Sue Ladore
STREET ADDRESS	PO Box 925 N/A
CITY-ST-ZIP	Daytona Beach, FL 32115
TITLE	Director <input type="checkbox"/> DELETE
NAME	Dorayne M Gluz
STREET ADDRESS	100 Bent Tree Dr. Apt #82
CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: Dorayne M Gluz 7/20/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)