

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON (30) 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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  
DAYTONA BCH FL 32120-0475

P O BOX 10475  
DAYTONA BCH FL 32120-0475

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

59-3457956

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/98

12. OFFICERS AND DIRECTORS

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Aug 21 1998 8:00am  
Secretary of State



CR2E037 (5/98)