
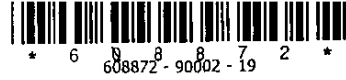


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90002 019 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000004063		
1. Corporation Name UNITED PARENTS FOR KIDS, INC.		
Principal Place of Business 100 BENT TREE DR APT 82 DAYTONA BCH FL 32120-0475	Mailing Address P O BOX 10475 BAYTONA BCH FL 32120-0475	



2. Principal Place of Business 21 8 Kodiak Path	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3457956
City & State 23 Ormond Beach FL	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32174	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent GLUZ, DORAYNE M 100 BENT TREE DR APT 82 DAYTONA BCH FL 32114		10. Name and Address of New Registered Agent 81 Name Gluz, Dorayne M 82 Street Address (P.O. Box Number is Not Acceptable) 8 Kodiak Path 83 84 City Ormond Beach FL 85 Zip Code 32174

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

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	CBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLEY, MICHAEL	1.2 NAME	
STREET ADDRESS	33 GRACIE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DE BARY FL 32713	1.4 CITY-ST-ZIP	
TITLE	CCBD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALLOY, MARILYN F	2.2 NAME	Welter, Bobbie
STREET ADDRESS	400 OAKRIDGE BOULEVARD	2.3 STREET ADDRESS	209 RANCHETTE RD.
CITY-ST-ZIP	DAYTONA BEACH FL 32118	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	TBD + S <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer + Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, NANCY K	3.2 NAME	Park, Nancy K
STREET ADDRESS	135 WALKER STREET	3.3 STREET ADDRESS	135 WALKER ST
CITY-ST-ZIP	HOLLY HILL FL 32117	3.4 CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	SBD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADORES, SUE	4.2 NAME	
STREET ADDRESS	P.O. BOX 925	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGLUZ, DORAYNE	5.2 NAME	Gluz, Dorayne M
STREET ADDRESS	100 BENT TREE DRIVE APT. 82	5.3 STREET ADDRESS	8 Kodiak Path
CITY-ST-ZIP	DAYTONA BEACH FL 32114	5.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Father Michael Byars
STREET ADDRESS		6.3 STREET ADDRESS	1631 Center Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOLLY HILL, FL 32117

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **8/18/99** **904-615-9193**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010 99 CR2E037 (5/99)