

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90115 034 ****70.00

DOCUMENT # N97000006942

1. Entity Name

NATIONAL UNITED TRAVELERS, INC.



Principal Place of Business

4007 N HARBOR CITY BLVD
#103
MELBOURNE FL 32935

Mailing Address

218-A EAST EAU GALLIE BLVD.
#74
SATELLITE BEACH FL 32937

2. Principal Place of Business

10816 HILLTOP DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

Zip

Country

34654

Country

U.S.A

Zip

Country

6. Name and Address of Current Registered Agent

WORKMAN, DAVID
4007 N HARBOR CITY BLVD
#103
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name RITA HENSON

Street Address (P.O. Box Number is Not Acceptable)
10816 HILLTOP DRIVE

City NEW PORT RICHEY

FL

Zip Code 34654

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

Rita A. Henson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WORKMAN, DAVID
STREET ADDRESS 4007 N HARBOR CITY BLVD # 103
CITY-ST-ZIP MELBOURNE FL 32935 ☒ Delete

TITLE VD
NAME PETERSON, FRANK
STREET ADDRESS 4232 DORNOCH DR
CITY-ST-ZIP LAKE WALES FL 33859 ☒ Delete

TITLE V
NAME HENSON, RITA
STREET ADDRESS 10816 HILLTOP DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☒ Delete

TITLE SD
NAME STILES, LES
STREET ADDRESS 10324 CASTILLO CT
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE
NAME ALEXANDER, BOB
STREET ADDRESS 1831 EVERHART DR
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD HENSON, RITA A.
NAME
STREET ADDRESS 10816 HILLTOP DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34654 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-05 409-896-0890