

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006942

FILED
Jan 08, 2007
Secretary of State

Entity Name: NATIONAL UNITED TRAVELERS, INC.

Current Principal Place of Business:

218-A EAST EAU GALLIE BLVD
#74
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

218-A EAST EAU GALLIE BLVD.
#74
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3391097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STILES, LESTER L
10324 CASTILLO CT
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIGGINS, RICHARD PRES
Address: PO BOX 5153
City-St-Zip: LACONIA, NH 03247

Title: VD () Delete
Name: BRADDOCK, JAMES 1ST VP
Address: 165 BEACHWOOD BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD () Delete
Name: HENSON, RITA 2ND VP
Address: 10816 HILLTOP DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: STD () Delete
Name: STILES, LESTER SECTREA
Address: 10324 CASTILLO CT
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: WILLIAMS, WINNIE DIR
Address: PO BOX 191
City-St-Zip: SALUDA, VA 23149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: RAY, ROY 2ND VP
Address: 367 TWELVE OAKS DR
City-St-Zip: WINTER SPRINGS, FL 32708-619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER L STILES

STD

01/08/2007

Electronic Signature of Signing Officer or Director

Date