

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006942

FILED  
Mar 21, 2009  
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: GOBEL, BEVERLY 1ST VP  
Address: 2045 AMBERGRIS DR  
City-St-Zip: ORLANDO, FL 32822

Title: VD ( ) Delete  
Name: HOLTMAN, NANCY 2ND VP  
Address: 1660 MARS STREET  
City-St-Zip: MERRITT ISLAND, FL 32953

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: VD (X) Change ( ) Addition  
Name: EBAUGH, HELEN 2ND VP  
Address: 5220 SEGARI WAY  
City-St-Zip: WINDERMERE, FL 34786 31

Title: VD (X) Change ( ) Addition  
Name: HOLTMAN, NANCY 1ST VP  
Address: 1660 MARS STREET  
City-St-Zip: MERRITT ISLAND, FL 32953

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 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 STILES

SEC

03/21/2009

Electronic Signature of Signing Officer or Director

Date