FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 07 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001549

1. Corporation Name
UNION FIDELITY DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
112 PALM GLADES DR. BELLE GLADE FL 33430	112 PALM GLADES DR. BELLE GLADE FL 33430

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 ~~P.O. Box 2501 Belle Glade, FL~~ 33430
Suite, Apt. #, etc.
27 P.O. Box 2501
City & State
28 Belle Glade, FL
Zip 29 33430-2501 Country 30

3. Date Incorporated or Qualified
03/16/1998

4. FEI Number
65-0824893
☐ 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

9. Name and Address of Current Registered Agent

MILLIGAN, ALPHONSON S ESQUIRE
STE.409,319 CLEMATIS ST.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: BALLEW, RUSSELL, President CEO
82 Street Address (P.O. Box Number is Not Acceptable): 112 Palm Glade Drive, Belle Glade
83
84 City: Belle Glade FL 85 Zip Code: 33430

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: Russell Ballew Russell Ballew 4/30/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELMICH, LARRY 1200 MARINE,STE.706B N. PALM BEACH FL 33406	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Chair Board of Directors C/D Reverend Patricia Wallace 145 Apple Avenue Pahokee, FL, 33430	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAYNER, DWAYNE 6120.CYPRESS RD. PLANTATION FL 33317	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice Chair Board of Directors Chief Danny Jones 335 SW 2nd Avenue (V/C D) South Bay, FL 33493	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOSSEINI, SAM 1569 ISLAND WAY WESTON FL 33326	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary Treasurer Farah Rosenburg 1400 NW 13th Street, Number 26 (S/T/D) BOCA RATON, FL 33486	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENBERG, JOSHUA C 1400 N.W. 13TH STR.,#26 BOCA RATON FL 33486	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLIGAN, ALPHONSO S 319 CLEMATIS ST.,P.O. BOX 3254 W. PALM BEACH FL 33402-3254	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	5/7/99 90138 017 $70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

4/30/99

SIGNATURE: Russell Ballew SIGNATURE Russell Ballew 4/30/99 561 996 3902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #