

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # N98000004966	
1. Entity Name GEORGE E. MILLER COUNCIL NO. 695 - U.C.T., INC.	

Principal Place of Business 4423 LAKE AVE WEST PALM BEACH FL 33405	Mailing Address 4423 LAKE AVE WEST PALM BEACH FL 33405
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-6137445	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FARISH, JOS. D. FARISH, FARISH & ROMANI 361 BANYAN BLVD WEST PALM BEACH FL 33402
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SHAHER, LAWRENCE 6308 GRANT ST. HOLLYWOOD FL 33024	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD DREYER, GEORGE 8330 NW 11TH ST PEMBROKE PINES FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	STD MARKSBERRY, RAY 4423 LAKE AVE WEST PALM BEACH FL 33405	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			

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01/26/07-80061-007-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Ray Marksberry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1-22-07</u> Date	<u>561-832-894</u> Daytime Phone #
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