

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006942

**FILED  
Jul 28, 2021  
Secretary of State  
9121142647CC**

**Entity Name:** NATIONAL UNITED TRAVELERS, INC.

**Current Principal Place of Business:**

252 WEST ARDICE AVE  
STE. 112  
EUSTIS, FL 32726

**Current Mailing Address:**

252 WEST ARDICE AVE  
STE. 112  
EUSTIS, FL 32726 US

**FEI Number: 59-3391097**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STILES, LESTER L  
252 W ARDICE ST  
SUITE 112  
EUSTIS, FL 32726 US

*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

**Officer/Director Detail :**

Title PD  
Name WOODWORTH, CLIFFORD PRES  
Address 997 SHETLAND AVE  
City-State-Zip: WINTER SPRINGS FL 32708-4501

Title VD  
Name KING, PAUL VP  
Address 18 CYPRESS RUN  
City-State-Zip: HAINES CITY FL 33844

Title STD  
Name STILES, LESTER SECTREA  
Address 10324 CASTILLO CT  
City-State-Zip: CLERMONT FL 34711

Title D  
Name RANKIN, JAN DIR  
Address 16943 SW 87TH AVE  
City-State-Zip: PALMETTO BAY FL 33157

Title D  
Name ABBOTT, JOHN DIR  
Address 5170 LAGUNA VISTA DR  
City-State-Zip: MELBOURNE FL 32934

*I hereby 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 all other like empowered.*

**SIGNATURE: LESTER L. STILES**

**SECRETARY-TREASURER 07/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date