

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700671 (1)
1. Corporation Name
UNITED WAY OF MANATEE COUNTY, INC.



Principal Place of Business: **1701 14TH STREET WEST, P.O. BOX 109, BRADENTON FL 34206-7109**
Mailing Address: **1701 14TH STREET WEST, P.O. BOX 109, BRADENTON FL 34206-7109**

3. Date Incorporated or Qualified: **03/24/1960**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **59-0901509**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOONTZ, GERARD F.
1701 14TH ST., W.
BRADENTON FL 34205**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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: *[Signature]*
Signature, typed or printed name of registered agent, and title if applicable

**Gerard F Koontz
Executive Director**
(NOTE: Registered Agent signature required when reinstating)

3-19-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KORCHECK, STEPHEN M	
STREET ADDRESS	5840 26 ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ODEN, KEN	
STREET ADDRESS	1001 3RD AVE. W., 5TH FLOOR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOSELEY, SUSAN	
STREET ADDRESS	1724 MANATEE AVE. W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEEBLES, JACQUELINE T	
STREET ADDRESS	6102 US HWY. 301 N	
CITY-ST-ZIP	ELLENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Oden, Ken	
1.3 STREET ADDRESS	1001 3rd Ave. W., 5th Floor	
1.4 CITY-ST-ZIP	Bradenton, FL 34205	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hansen, William	
2.3 STREET ADDRESS	905 6th Ave. W.	
2.4 CITY-ST-ZIP	Bradenton, FL 34205	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Beall, Beverly	
3.3 STREET ADDRESS	P.O. Box N	
3.4 CITY-ST-ZIP	Bradenton, FL 34206	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	8498 N. Lockwood Ridge Road	
4.4 CITY-ST-ZIP	Sarasota, FL 34243	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **JACQUELINE PEEBLES** **3-14-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)