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**May 05 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34206-0109**

3. Date Incorporated or Qualified **03/24/1960** 3a. Date of Last Report **03/22/1996**

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 *Gerard F. Koontz* **Gerard F. Koontz, Executive Director** 4/2/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ODEN, KEN	
STREET ADDRESS	1001 3RD AVENUE W 5TH FLOOR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANSEN, WILLIAM	
STREET ADDRESS	905 6TH AVENUE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BEALL, WILLIAM	
STREET ADDRESS	P.O. BOX N	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEEBLES, JACQUELINE T	
STREET ADDRESS	8498 N. LOCKWOOD RIDGE ROAD	
CITY-ST-ZIP	SARASOTA 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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.P NAME	Murphy, J. Brian	
1.B STREET ADDRESS	2003 Cortez Road W.	
1.4 CITY-ST-ZIP	Bradenton, FL 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	PD	
2.2 NAME	Hansen, William	
2.B STREET ADDRESS	905 6th Ave W.	
2.4 CITY-ST-ZIP	Bradenton, FL 34205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.P NAME		
3.B STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MacDonald, Jacqueline P.	
4.B STREET ADDRESS	P.O. Box 9350	
4.4 CITY-ST-ZIP	Bradenton, FL 34206	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME	8498 N. Lockwood Ridge Road	
5.B STREET ADDRESS	Sarasota FL 34243	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.P NAME	Beall, Beverly	
6.B STREET ADDRESS	P.O. Box N 1806 38th Ave. E.	
6.4 CITY-ST-ZIP	Bradenton FL 34208	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.3(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.

CR2E037 (9/96)