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NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 700671
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



2. Principal Place of Business
2a. Mailing Address
3. Date Incorporated or Qualified
03/24/1960
4. FEI Number
59-0901509
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

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
83
84 City
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.
SIGNATURE: GERARD F. KOONTZ, EXECUTIVE DIRECTOR 3-3-99

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME Michael Marquez
1.3 STREET ADDRESS 206 2nd St. E.
1.4 CITY-ST-ZIP Bradenton, FL 34208
2.1 TITLE VD
2.2 NAME Jeffrey Podobnik
2.3 STREET ADDRESS 1701 27th St. E.
2.4 CITY-ST-ZIP Bradenton, FL 34208
3.1 TITLE SD
3.2 NAME Sarah H. Pappas
3.3 STREET ADDRESS 5807 26th St. W.
3.4 CITY-ST-ZIP Bradenton, FL 34207
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:
DATE: 3-4-99
DAYTIME PHONE #: 941-747-3031

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