


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 20 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703769 (0)**  
 1. Corporation Name  
**UNITED WAY OF PALM BEACH COUNTY, INC.**



Principal Place of Business <b>2600 QUANTUM BLVD. BOYTON BEACH FL 33426 US</b>	Mailing Address <b>P O BOX 20809 W PALM BCH FL 33416-0809</b>
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3. Date Incorporated or Qualified <b>03/19/1962</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>59-0683258</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BADESCH, SCOTT B.  
2600 QUANTUM BLVD.  
BOYTON BEACH FL 33426**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>M</b>	<input type="checkbox"/> DELETE
NAME	<b>BADESCH, SCOTT B.</b>	
STREET ADDRESS	<b>2600 QUANTUM BLVD.</b>	
CITY-ST-ZIP	<b>BOYTON BEACH FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>FLANIAAN, JOHN</b>	
STREET ADDRESS	<b>625 N. FLAGLER DRIVE 9TH FLOOR</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZOBEL, ROBERT E</b>	
STREET ADDRESS	<b>500 E BROWARD BLVD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>KNIBBS, ANDREA</b>	
STREET ADDRESS	<b>600 FAIRWAY DRIVE, SUITE 109</b>	
CITY-ST-ZIP	<b>DEERFIELD FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>DEVLIN, THOMAS C</b>	
STREET ADDRESS	<b>1 E BROWARD BLVD., SUITE 1700</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D FLANIGAN, JOHN</b>
2.3 STREET ADDRESS	<b>625 N. FLAGLER DRIVE 9TH FL</b>
2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33402</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D BLMORE, GEORGE</b>
4.3 STREET ADDRESS	<b>2850 SOUTH CONGRESS AVE.</b>
4.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D CLOUGH, RANDY</b>
5.3 STREET ADDRESS	<b>340 ROYAL PALM WAY #200</b>
5.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
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 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.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **1/29/97** (561) 655-2004  
 Daytime Phone # 0041447

CR2E037 (9/96)

**EXECUTIVE COMMITTEE**

**Officers**

**Chairman**

John F. Flanigan, Esq.  
*Moyle, Flanigan, Katz,  
FitzGerald & Sheehan, P.A.*

**Chairman Elect**

Joe L. Howard  
*ARGENT Management Co.*

**Secretary**

George T. Elmore  
*Hardrives of Delray, Inc.*

**Treasurer**

Randy Clough, CPA  
*Thomas & Clough Co., P.A.*

**Immediate Past Chairman**

Robert E. Zobel  
*Ace Music Center*

**Legal Counsel**

Howard Bregman, Esq.  
*Greenberg, Traurig, Hoffman,  
Lipoff, Rosen & Quentel, P.A.*

**Executive Director & CPO**

Scott B. Badesch

**Strategic Planning**

Robert G.H. Carroll, III  
*Pratt & Whitney*

**Marketing/Communications**

Wayne Cunningham  
*WPTV NewsChannel 5*

**Government Relations**

Jorge A. Dominics  
*Flo-Sun Incorporated*

**Campaign Cabinet**

Robert M. Friedman, CLU  
*Friedman Agency  
Equitable Life*

**Alexis de Tocqueville Society**

Tom Giuffrida  
*The Palm Beach Post*

**Resource Development**

Gale G. Howden  
*The Palm Beach Post*

**Volunteer Services**

Lance E. Howden  
*Law Offices of Lytal, Reiter, Clark,  
Sharpe, Roca, Fountain & Williams*

**Member-At-Large**

Andrea Knibbs  
*Smith & Knibbs, Inc.*

**Rotunda**

Robert E. Levinson  
*Lynn University*

**Planned Giving/Endowment**

Abraham M. Mora, Esq.  
*Blank, Rome, Comisky  
& McCauley*

**Labor Participation**

Ed Ryan  
*CWA Local 3112*

**Agency Relations/  
Fund Distribution**

Thomas A. Sheehan, III, Esq.  
*Moyle, Flanigan, Katz,  
FitzGerald & Sheehan, P.A.*

**Community Initiatives**

Bert Tamarkin  
*Palm Beach County  
Public Health Unit*

May 12, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I have corrected and enclosed our 1997 Nonprofit Annual Report.

With all due respect, may I just make one suggestion. Your directions on the back of the form for block 13 are a bit confusing. They state "If a person holds more than one position, enter all positions" and it gives the example of "SD", which I used to denote our secretary, as was done in all previous years. Now this year that is considered the wrong classification. Hopefully, in future years these confusing instructions can be made more clear to make all our jobs easier.

Sincerely,



Noelle Porter  
Chief Financial Officer

