

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

**FILED**

**Jul 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</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 33416-7809</b>
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3. Date Incorporated or Qualified <b>03/19/1962</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-0683258</b>		
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

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 SCOTT BADESCH (NOTE: Registered Agent signature required when reinstating) DATE 4-26-98

**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>0</b> <input type="checkbox"/> DELETE
NAME	<b>FLANIAAN, JOHN</b>
STREET ADDRESS	<b>625 N. FLAGLER DRIVE 9TH FLOOR</b>
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>
TITLE	<b>DC</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ZOBEL, ROBERT E</b>
STREET ADDRESS	<b>800 E BROWARD BLVD</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ELMORE, GEORGE</b>
STREET ADDRESS	<b>2350 SOUTH CONGRESS AVE</b>
CITY-ST-ZIP	<b>DELRAY BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLOUGH, RANDY</b>
STREET ADDRESS	<b>340 ROYAL PALM WAY #200</b>
CITY-ST-ZIP	<b>PALM BCH 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	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D</b> <b>JOSEPH HOWARD</b>
3.3 STREET ADDRESS	<b>2600 QUANTUM BLVD</b>
3.4 CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b> <b>GALE HOWDEN</b>
4.3 STREET ADDRESS	<b>2751 SOUTH DIXIE HWY</b>
4.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33405</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b> <b>LANCE HOWDEN</b>
5.3 STREET ADDRESS	<b>SIS NORTH FLAGLER DR #1000</b>
5.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL 33402</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 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: SCOTT BADESCH

CR2E037 (10/97)