


FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90010 025 ***122.50

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703769

1. Corporation Name
UNITED WAY OF PALM BEACH COUNTY, INC.

Principal Place of Business 2600 QUANTUM BLVD. BOYTON BEACH FL 33426 US	Mailing Address P O BOX 20809 W PALM BCH FL 33416-7809
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/19/1962
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0683258
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADESCH, SCOTT B.	1.2 NAME	
STREET ADDRESS	2600 QUANTUM BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANIGAN, JOHN	2.2 NAME	HOWARD, JOSEPH
STREET ADDRESS	625 N. FLAGLER DRIVE 9TH FLOOR	2.3 STREET ADDRESS	11300 US 1 SUITE 400
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JOSEPH	3.2 NAME	HOWDEN, LANCE
STREET ADDRESS	2600 QUANTUM BLVD	3.3 STREET ADDRESS	515 N FLAGLER DRIVE #1000
CITY-ST-ZIP	BOYNTON BCH FL 33426	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWDEN, GALE	4.2 NAME	LEWIS, BRUCE
STREET ADDRESS	2751 SOUTH DIXIE HWY	4.3 STREET ADDRESS	120 S DIXIE HIGHWAY #205
CITY-ST-ZIP	W PALM BCH FL 33405	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUGH, RANDY	5.2 NAME	
STREET ADDRESS	340 ROYAL PALM WAY #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWDEN, LANCE	6.2 NAME	
STREET ADDRESS	515 N FLAGLER DR #1000	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33402	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: SIGNATURE SCOTT BADESCH 4/22/99 561 375-6613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)