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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 704853

1. Corporation Name

UNITED WAY OF ST. LUCIE COUNTY, INC.

Principal Place of Business
 4800 SOUTH US HIGHWAY 1
 FORT PIERCE FL 34982

Mailing Address
 4800 SOUTH US HIGHWAY 1
 FORT PIERCE FL 34982



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/27/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6212157	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution	
29		30		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUTTS, JACKIE J. 4800 SOUTH US HIGHWAY 1 FORT PIERCE FL 34982				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 _____ 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	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNAPP, KAREN	1.2 NAME	Pat Christensen
STREET ADDRESS	1351 SE PALM BEACH RD	1.3 STREET ADDRESS	3898 Selvitz Rd.
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	Fort Pierce, FL
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, GARY	2.2 NAME	Hanawalt, Scott
STREET ADDRESS	111 ORANGE AVE	2.3 STREET ADDRESS	1100 SW St. Lucie West Blvd
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	Pt. St. Lucie, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	pp <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENLIEF, BILLIE	3.2 NAME	Carrol Croke
STREET ADDRESS	3300 OKEECHOBEE RD	3.3 STREET ADDRESS	412 SW Aileen St
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	Port St Lucie, FL 34983
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, PAUL	4.2 NAME	Dennis Williams
STREET ADDRESS	1633 SWEETBAY CIR	4.3 STREET ADDRESS	4700 Midway Bd.
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	Fort Pierce, FL 34981
TITLE	D Greg <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, GREG	5.2 NAME	Dr. Norma Thompson
STREET ADDRESS	1900 OLD DIXIE HWY	5.3 STREET ADDRESS	3209 Virginia Ave.
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	Fort Pierce, FL 34982
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTZER, MAUREEN	6.2 NAME	Tom Pentz
STREET ADDRESS	600 EDWARDS RD	6.3 STREET ADDRESS	1700 S 23rd St.
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	Fort Pierce, FL 34950

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: Karen Knapp **SIGNATURE REQUIRED** 4-6-99 Date Daytime Phone #

CR2E037 (1/98)