
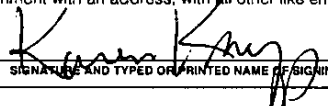


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90021 017 ****70.00

DOCUMENT # 704853					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6212157	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KNAPP, KAREN 4800 S US #1 FORT PIERCE, FL 34982			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP PENTZ, TOM 1700 S 23RD STREET FORT PIERCE, FL 34954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP RUPERT, DIANA 300 PEACOCK BLVD. PT. ST. LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EPSKY, THOMAS D. 2120 SE WILD MEADOW CIRCLE PT. ST. LUCIE, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUPERT, DIANE 300 PEACOCK BLVD PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THOMPSON, MARSHA 3209 VIRGINIA AVE. FT. PIERCE, FL 34981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, MARSHA 3209 VIRGINIA AVE FORT PIERCE, FL 34981 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC EPSKY, THOMAS D 2120 SE WILD MEADOW CIRCLE PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CORRICK, DENNIS 1903 S 25TH ST. FT. PIERCE, FL 34947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, BRAD 247 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, MARSHA 3209 VIRGINIA AVE FORT PIERCE, FL 34981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, MIKE 2222 COLONIAL RD SUITE 100 FORT PIERCE, FL 34950 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		CEO		1/21/05 772-464-5300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40008134



01212005 Chg-NP CR2E037 (10/03)

ATTACHMENT

40008134

Name: Diana Rupert
Address: 300 SW Peacock Blvd.
City, State, and Zip: Pt. St. Lucie, FL 34986

Title: Immediate Past Chair # 704853

Name: Thomas Epsky
Address: 2120 SE Wild Meadow Cir.
City, State, and Zip: Pt. St. Lucie, FL 34952

Title: Chairman

Name: Marsha Thompson
Address: 3209 Virginia Avenue
City, State, and Zip: Fort Pierce, FL 34981

Title: Vice Chairman

Name: Denis Corrick
Address: 1903 S. 25th St.
City, State, and Zip: Ft. Pierce, FL 34947

Title: Director

Name: Brad Smith
Address: 815 Colorado Avenue
City, State, and Zip: Stuart, FL 34994

Title: Treasurer

Name: Lou Apugliese
Address: PO Box 9033
City, State, and Zip: Stuart, FL 34995

Title: Director

Name: Carlo Bercy
Address: 1700 S. 23rd Street
City, State, and Zip: Fort Pierce, FL 34950

Title: Director

Name: Michael J. Brown, Jr.
Address: 100 S. 2nd. St
City, State, and Zip: Fort Pierce, FL 34950

Title: Director

Name: Steve Campbell
Address: 2750 SW Martin Downs Blvd.
City, State, and Zip: Palm City FL 34990

Title: Director

Name: Harold L. Fenner
Address: 13401 Wax Myrtle Trail
City, State, and Zip: Palm City, FL 34990

Title: Director

Name: Linnes Finney
Address: PO Box 3390
City, State, and Zip: Ft. Pierce, FL 34948

Title: Director

Name: Fredrick Fischer
Address: 2016 Royal Fern Court
City, State, and Zip: Palm City, FL 34990

Title: Director

ATTACHMENT

40008134

704853

Name: Jim Fitzgerald Title: Director
Address: 2211 Okeechobee Rd.
City, State, and Zip: Fort Pierce, Fl 34950

Name: Philip Flynn, III Title: Director
Address: 140 38th Ct
City, State, and Zip: Vero Beach, Florida 32968

Name: Al Johnson Title: Director
Address: 2057 S US Hwy 1
City, State, and Zip: Fort Pierce, FL 34950

Name: Gail Kavanagh Title: Director
Address: -6560 S. Federal Hwy
City, State, and Zip: Port St. Lucie, FL 34952

Name: Sharon Kelly-Brown Title: Director
Address: 950 Bayshore Blvd
City, State, and Zip: Port St. Lucie, FL 34983

Name: Michael J. Lannon Title: Director
Address: 4204 Okeechobee Road
City, State, and Zip: Fort Pierce, FL 34947

Name: Marge Riley Title: Director
Address: 1301 SE Port St. Lucie Blvd.
City, State, and Zip: Port St. Lucie, FL 34952

Name: Sue-Ellen Sanders Title: Director
Address: 5427 Stately Oaks St.
City, State, and Zip: Fort Pierce, FL. 34981

Name: Staci Storms Title: Director
Address: 4972 S. 25th Street
City, State, and Zip: Fort Pierce, FL 34981

Name: Paul Taglieri Title: Director
Address: 525 NW Peacock Blvd.
City, State, and Zip: Port St. Lucie, FL 34986

Name: Roger Thomas Title: Director
Address: P.O. Box 1637
City, State, and Zip: Jensen Beach, Fl. 34957

Name: Carol Wyatt Title: Director
Address: 8245 Business Park Drive
City, State, and Zip: Port St. Lucie, FL 34952