

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90145 043 ****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

4. FEI Number **59-6212157**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROWN, CHARLES
4800 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982**

7. Name and Address of New Registered Agent

Name **Karen Knapp**
Street Address (P.O. Box Number is Not Acceptable) **4800 S. US # 1**
Fort Pierce,
City **FL 34982**

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 *Karen Knapp*

4/13/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	PP	<input type="checkbox"/> Delete
NAME	HANWALT, SCOTT	
STREET ADDRESS	1555 NW ST LUCIE W BLVD SUITE 101	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	C	<input type="checkbox"/> Delete
NAME	PENTZ, TOM	
STREET ADDRESS	1700 S 23RD STREET	
CITY-ST-ZIP	FORT PIERCE FL 34954	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	STORMS, STACI	
STREET ADDRESS	1626 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, MARSHA	
STREET ADDRESS	3209 VIRGINIA AVE	
CITY-ST-ZIP	FORT PIERCE FL 34981	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, BRAD	
STREET ADDRESS	247 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, MIKE	
STREET ADDRESS	2222 COLONIAL RD SUITE 100	
CITY-ST-ZIP	FORT PIERCE FL 34950	

TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA Rupert	
STREET ADDRESS	300 NW PARCOCK BLVD	
CITY-ST-ZIP	Port St Lucie, FL 34986	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Epsky	
STREET ADDRESS	2120 SE Wild Meadow Cir	
CITY-ST-ZIP	Port St Lucie, FL 34952	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Campbell	
STREET ADDRESS	2750 SW Martin Downs Blvd	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Connick	
STREET ADDRESS	1903 S 25th St	
CITY-ST-ZIP	Fort Pierce, FL 34947	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip I-Lynn III	
STREET ADDRESS	981 37th Place Ste 100	
CITY-ST-ZIP	Uvero Beach, FL 32960	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Johnson	
STREET ADDRESS	1127 Forrest Hill Cove	
CITY-ST-ZIP	Port St Lucie, FL 34986 (Over)	

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: *Karen Knapp* **SIGNATURE REQUIRED**

4-3-03 (772) 4645300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

Attachment

90073708

704853

Additional Board of Directors United Way of St. Lucie County

Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Fred Fischer		
Street Address	2016 Royal Fern Ct		
City-St-Zip	Palm City, FL 34990		
Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Jim Fitzgerald		
Street Address	2211 Okeechobee Rd		
City-St-Zip	Fort Pierce, FL 34950		
Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Pam McAbee		
Street Address	100 South 2nd St		
City-St-Zip	Fort Pierce, FL 34950		
Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Robert Moyano		
Street Address	3325 SE Ballantrae Blvd.		
City-St-Zip	Fort Pierce, FL 34947		
Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Eric Seymour		
Street Address	1806 Ave I		
City-St-Zip	Fort Pierce, FL 34950		
Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Dr. William Vogel		
Street Address	8245 Business Park Dr		
City-St-Zip	Port St. Lucie, FL 34952		
Title	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Gary Berger		
Street Address	111 Orange Ave		
City-St-Zip	Fort Pierce, FL 34950		
Title		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name			
Street Address			
City-St-Zip			
Title		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name			
Street Address			
City-St-Zip			