

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monkman  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JUL -7 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 707395 (0)**  
1. Corporation Name  
**UNITED WAY OF SOUTH SARASOTA COUNTY, INC.**

Principal Place of Business <b>220 W. TAMPA AVE. P. O. BOX 1542 VENICE FL 34285-1729</b>	Mailing Address <b>220 W. TAMPA AVE. P. O. BOX 1542 VENICE FL 34285-1729</b>
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3. Date Incorporated or Qualified <b>06/04/1964</b>	3a. Date of Last Report <b>03/30/1994</b>
4. FEI Number <b>59-1100846</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**HUSKEY, MARVIN T  
220 W TAMPA AVE  
VENICE FL 34285**

**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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<b>BROWDER, ANNA</b>
NAME	<b>220 W. TAMPA AVE.</b>
STREET ADDRESS	<b>VENICE FL</b>
CITY - ST - ZIP	
TITLE <b>VD</b>	<b>PIKE, NANCY</b>
NAME	<b>220 W. TAMPA AVE.</b>
STREET ADDRESS	<b>VENICE FL</b>
CITY - ST - ZIP	
TITLE <b>VD</b>	<b>ADAMS, BILL</b>
NAME	<b>220 W. TAMPA AVE.</b>
STREET ADDRESS	<b>VENICE FL</b>
CITY - ST - ZIP	
TITLE <b>TD</b>	<b>MCMAHON, JULIE</b>
NAME	<b>220 W. TAMPA AVE.</b>
STREET ADDRESS	<b>VENICE FL</b>
CITY - ST - ZIP	
TITLE <b>TD</b>	<b>BRANNON, GARY</b>
NAME	<b>220 W. TAMPA AVE.</b>
STREET ADDRESS	<b>VENICE FL</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>President D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Bill Adams</b>	
1.3 STREET ADDRESS <b>1687 U'S Bypass South</b>	
1.4 CITY - ST - ZIP <b>Venice FL 34293</b>	
2.1 TITLE <b>Vice President D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Bill Hancock</b>	
2.3 STREET ADDRESS <b>P O Box 618</b>	
2.4 CITY - ST - ZIP <b>Venice FL 34284-618</b>	
3.1 TITLE <b>Vice President D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Kevin Cox</b>	
3.3 STREET ADDRESS <b>948 Shasta Dr</b>	
3.4 CITY - ST - ZIP <b>Venice FL 34293</b>	
4.1 TITLE <b>Secretary D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Karen Lane</b>	
4.3 STREET ADDRESS <b>1301 U S 41 Bypass South</b>	
4.4 CITY - ST - ZIP <b>Venice FL 34292</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: William C Adams **5/12/95** President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Title)