


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business 220 W. TAMPA AVE. P. O. BOX 1542 VENICE FL 34285-1729	Mailing Address 220 W. TAMPA AVE. P. O. BOX 1542 VENICE FL 34285-1729
---	---

3. Date Incorporated or Qualified 06/04/1964		
4. FEI Number 59-1100846	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HANCOCK, BILL	1.2 NAME	COX KEVIN
STREET ADDRESS	200 NOKOMIS AVE	1.3 STREET ADDRESS	948 SHASTA RD.
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE FL 34293
TITLE	VPD	2.1 TITLE	PPD
NAME	COX, KEVIN	2.2 NAME	HANCOCK BILL
STREET ADDRESS	948 SHALTON DR	2.3 STREET ADDRESS	200 NOKOMIS AVE.
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE FL 34285
TITLE	VPD	3.1 TITLE	VPD
NAME	STEWART, GREG	3.2 NAME	TORRINGTON ROBERT
STREET ADDRESS	1617 US 41 BYPASS SO	3.3 STREET ADDRESS	304 WEST VENICE AVE.
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	VENICE FL 34285
TITLE	SD	4.1 TITLE	VPD
NAME	BURROWS, JOHN	4.2 NAME	MORAWA VALERIE
STREET ADDRESS	446 TAMAMI TRAIL 5	4.3 STREET ADDRESS	P.O. BOX 786
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	OSPREY FL 34229
TITLE	TD	5.1 TITLE	SD
NAME	BRANNON, GARY	5.2 NAME	MACKENZIE MICHAEL
STREET ADDRESS	220 W. TAMPA AVE.	5.3 STREET ADDRESS	1235 OXFORD DR S
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE		6.1 TITLE	TD
NAME		6.2 NAME	PENZELL ANDY
STREET ADDRESS		6.3 STREET ADDRESS	258 MIAMI AVE. W
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VENICE FL 34285

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HANCOCK, BILL	1.2 NAME	COX KEVIN
STREET ADDRESS	200 NOKOMIS AVE	1.3 STREET ADDRESS	948 SHASTA RD.
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE FL 34293
TITLE	VPD	2.1 TITLE	PPD
NAME	COX, KEVIN	2.2 NAME	HANCOCK BILL
STREET ADDRESS	948 SHALTON DR	2.3 STREET ADDRESS	200 NOKOMIS AVE.
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE FL 34285
TITLE	VPD	3.1 TITLE	VPD
NAME	STEWART, GREG	3.2 NAME	TORRINGTON ROBERT
STREET ADDRESS	1617 US 41 BYPASS SO	3.3 STREET ADDRESS	304 WEST VENICE AVE.
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	VENICE FL 34285
TITLE	SD	4.1 TITLE	VPD
NAME	BURROWS, JOHN	4.2 NAME	MORAWA VALERIE
STREET ADDRESS	446 TAMAMI TRAIL 5	4.3 STREET ADDRESS	P.O. BOX 786
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	OSPREY FL 34229
TITLE	TD	5.1 TITLE	SD
NAME	BRANNON, GARY	5.2 NAME	MACKENZIE MICHAEL
STREET ADDRESS	220 W. TAMPA AVE.	5.3 STREET ADDRESS	1235 OXFORD DR S
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE		6.1 TITLE	TD
NAME		6.2 NAME	PENZELL ANDY
STREET ADDRESS		6.3 STREET ADDRESS	258 MIAMI AVE. W
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VENICE FL 34285

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.

SIGNATURE: [Signature] **NOTE: REGISTERED AGENT** COX 1/7/98 (941) 486-4405

CR2E087 (10/97)