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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707395

(0)

UNITED WAY OF SOUTH SARASOTA COUNTY, INC.

| 2. Principal Place of Business 2. Mailing Address 5. Certificate of Status Desired S8.75 Ad Fee Regular Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Zip Zip Country Zip Country Zip Country 3. Name and Address of Current Registered Agent HUSKEY, MARVIN T 220 W TAMPA AVE VENICE FL 34285 B3 HUSKEY, MARVIN T 220 W TAMPA AVE VENICE FL 34285 B3 B4 City FL B5 Zip Co T1. 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 rediffice 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 register. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD MAKE HANCOCK, BILL STREET ADDRESS STREET ADDR | Principal Place of Business Mailing Address | | | | | | | | | | | | | | | |
|--|---|---|---------|-----------------------|---------------|---------------|---------|-------|----------------|--|-------------|--------|----------|-------|---------------|-----------------------|
| 4. FEI Number 59-1100846 Appl | 220 W. TAMPA AVE. 220 W. TAMPA AVE. P. O. BOX 1542 P. O. BOX 1542 | | | | | | | | | 3. | | | | | | <u> </u> |
| 22. Principal Place of Business 21. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Zip Country Zip Zip Zip Country Zip Suite, Apt. #, etc. Sip Added to Fee Requ. Added to Fee Requ. Trust Fund Contribution T | •- | 100 TE 04200 | 1120 | | TEMOLI | L 04203-1723 | | | | 4. | | የ | | | | ed For oplicable |
| Trust Fund Contribution | | | | | <u></u> | | | | | 5. | | | | | 75 Add | ditional |
| Zip Country Zip Country Sip Registered Agent Street Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. N | 22 | Suite, Apt. #, | etc. | | }_ | }_ | | | | | | | | | | |
| 25 29 30 Personal Property Tax due June 30. | 23 | City & State | | | <u> </u> | | | | | | | | | | | |
| HUSKEY, MARVIN T 220 W TAMPA AVE VENICE FL 34285 83 City FL 85 Zip Co 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 respective of 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 regagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD HANCOCK, BILL STREET ADDRESS 200 NOKOMIS AVE 13. STREET ADDRESS 448 SHASTA RA. | $\overline{}$ | Zìp | | , ' | · · | | | itry | | | • | • | - | | ar Intano | |
| HUSKEY, MARVIN T 220 W TAMPA AVE VENICE FL 34285 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 respective of the appointment as respective agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD HANCOCK, BILL STREET ADDRESS 200 NOKOMIS AVE 13. STREET ADDRESS 448 SHASTA RA. | | | 9. Name | and Address of Currer | nt Registered | | | 10. | Name and Addre | ss of New Re | egistered | Agent | | | | |
| 220 W TAMPA AVE VENICE FL 34285 83 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 rediffice 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 regard. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 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 TITLE NAME HANCOCK, BILL STREET ADDRESS 200 NOKOMIS AVE 1.3 STREET ADDRESS 948 SHASTA RD. | | , | | | | | - : | 81 | Name | | | | | | | |
| 220 W TAMPA AVE VENICE FL 34285 83 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 rediffice 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 regard. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 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 TITLE NAME HANCOCK, BILL STREET ADDRESS 200 NOKOMIS AVE 1.3 STREET ADDRESS 948 SHASTA RD. | LILEOVEN BAADURK T | | | | | | | | | | | | | | | |
| VENICE FL 34285 83 84 City FL 85 Zip Co. 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 redifice 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 regarded agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD HANCOCK, BILL STREET ADDRESS 200 NOKOMIS AVE 1.3 STREET ADDRESS 948 SHASTA RD. | • | | | | | | - 11 | B2 | Street Addre | at Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 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 run 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 regarded. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 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 TITLE PD HANCOCK, BILL STREET ADDRESS 200 NOKOMIS AVE 1.3 STREET ADDRESS 948 SHASTA RD. | · · · · · · · · · · · · · · · · | | | | | | ļ. | 02 | | | | | | | | <u> </u> |
| 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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD HANCOCK, BILL STREET ADDRESS 200 NOKOMIS AVE 1.3 STREET ADDRESS 948 SHASTA RD. | VEINIUE PL 34285 | | | | | | | 55 | | | | | | | | |
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| 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 I TITLE PD HANCOCK, BILL 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 14. TITLE 15. TITLE 16. TO X KEVIA 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 19. ADDITIONS/CHANGES TO OFFICERS AND DI | 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. | | | | | | | | | | | | | | | egistered gistered |
| 12. OFFICERS AND DIRECTORS TITLE PD DELETE NAME HANCOCK, BILL STREET ADDRESS 200 NOKOMIS AVE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 948 SHASTA RD. | SI | GNATURE | | | | | | | | | · | | | | | |
| TITLE PD DELETE 1.1 TITLE PD DELETE 1.2 NAME HANCOCK, BILL 1.2 NAME COX KEVID RD. STREET ADDRESS 200 NOKOMIS AVE 1.3 STREET ADDRESS 948 SHASTA RD. | | | | | | | | | | | | | | 11 de | | |
| NAME HANCOCK, BILL STREET ADDRESS 200 NOKOMIS AVE 12 NAME 1.3 STREET ADDRESS 948 SHASTA RD. | | | DD | OFFICERS AN | DIRECTORS | | | | | - | | | CERS ANL | | | Addition i |
| STREET ADDRESS 200 NOKOMIS AVE 1.3 STREET ADDRESS 948 SHASTA R.D. | | - i | | ov pri | | TAL DEFEIG | | _ | | <i>ب</i> | KEVI |) | | Uliai | រពិទ 厂 | - Addition |
| STREET ADDRESS 200 NUKOMIS AVE 1.3 STREET ADDRESS 948 3743 | | 1 | | , | | | 1 | | ا ك | OX | CUNCTR | RD. | | | | |
| | STA | | 200 NO | | | | 1.3 STR | EET A | DDRESS 9 | 44 | STASI | , , | 1000 | , | | |

venice fl CITY-ST-ZIP LA DELETE Change Addition VPD 2.1 TITLE TITLE COX, KEVIN 2.2 NAME HANCOCK BILL NAME 2 00 NoKomis 948 SHALTON DR 2.3 STREET ADDRESS STREET ADDRESS FL. 34285 VENICE FL VENICE CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change **VPD** TITLE 3.1 TITLE STEWART, GREG 3.2 NAME NAME 1617 US 41 BYPASS SO 3.3 STREET ADDRESS STREET ADDRESS VENICE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP LE DELETE Change Addition TITLE SD 4.1 TITLE MORAWA VALERIE **BURROWS, JOHN** 4. 2 NAME NAME 446 TAMIAMI TRAIL 5 P.O. BOX STREET ADDRESS 4.3 STREET ADDRESS VENICE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE BRANNON, GARY NAME 5.2 NAME MACKENZIC 1235 OXFORD STREET ADDRESS 220 W. TAMPA AVE. 5.3 STREET ADDRESS DR S VENICE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 258 miami STREET ADDRESS

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, of on an extension with an address.

SIGNATURE:

JUMAN) WOKE AREVINETOX

1/7/98 (941)486-4405

FILED

Feb 02 1998 8:00am

Secretary of State

CR2E037 (10