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Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-04-1999 90162 045 ****61.25

DOCUMENT # 707395

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/04/1964

4. FEI Number

59-1100846

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COX KEVIN
STREET ADDRESS 948 SHASTA RD
CITY-ST-ZIP VENICE FL 34293 DELETE

TITLE PPD
NAME HANCOCK BILL
STREET ADDRESS 260 NOKOMIS AVE
CITY-ST-ZIP VENICE FL 34285 DELETE

TITLE VPD
NAME TORRINGTON ROBERT
STREET ADDRESS 304 WEST VENICE AVE
CITY-ST-ZIP VENICE FL 34285 DELETE

TITLE VPD
NAME MORAWA VALERIE
STREET ADDRESS P O BOX V786
CITY-ST-ZIP OSPREY FL 34229 DELETE

TITLE SD
NAME MACKENZIE MICHAEL
STREET ADDRESS 1235 OXFORD DR S
CITY-ST-ZIP ENGLEWOOD FL 34223 DELETE

TITLE TD
NAME PENZELL ANDY
STREET ADDRESS 258 MIAMI AVE
CITY-ST-ZIP VENICE FL 34285 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME MORAWA VALERIE Change Addition
1.3 STREET ADDRESS P.O. BOX V786
1.4 CITY-ST-ZIP OSPREY FL 34229

2.1 TITLE Vice President
2.2 NAME Daily Kathy Change Addition
2.3 STREET ADDRESS 401 Venice Ave W
2.4 CITY-ST-ZIP Venice FL 34285

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-99 941 488-1122

CR2E037 (11/98)