


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90108 036 ****61.25

DOCUMENT # 707395					
1. Entity Name UNITED WAY OF SOUTH SARASOTA COUNTY, INC.					
Principal Place of Business 7810 S. TAMiami TRAIL SUITE A-4 VENICE, FL 34293			Mailing Address 7810 S TAMiami TRL #A4 VENICE, FL 34293		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1100846	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
HUSKEY, MARVINT - ALEX Moseley 7810 S TAMiami TRAIL #A4 710 Commerce DR Unit 107 VENICE, FL 34293 VENICE FL. 34292				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
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 <u>W.A. Moseley</u>		Signature, typed or printed name of registered agent and title if applicable.		W. Alex Moseley	
DATE		DATE		3/1/05	
Filing Fee is \$61.25 Due by May 1, 2005		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, JOAN		NAME	Moseley, ALEX	
STREET ADDRESS	401 COMMERCIAL CT. STE B		STREET ADDRESS	710 Commerce DR. Unit 107	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	VENICE FL. 34292	
TITLE	ND	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNISH, DAVID		NAME	Bill Hancock	
STREET ADDRESS	995 W VENICE AVE		STREET ADDRESS	1245 PORPOISE ROAD	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE FL. 34293	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORZILUS, ERIK		NAME		
STREET ADDRESS	1011 PRINCESS LANE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DAVID		NAME	MARY GONTEV	
STREET ADDRESS	59 TAMiami TR. SO		STREET ADDRESS	1314 Venice Ave E STE A	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE FL. 34292	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSKEY, MARVINT		NAME	DAVID PIERCE	
STREET ADDRESS	7810 S TAMiami TRAIL #A4		STREET ADDRESS	597 TAMiami TR SO	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE FL. 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSELEY, ALEX		NAME		
STREET ADDRESS	710 COMMERCE DR. UNIT 107		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
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: <u>W.A. Moseley</u>		Signature and typed or printed name of signing officer or director		W. Alex Moseley	
DATE		DATE		3/1/05	
Daytime Phone #		Daytime Phone #		941-485-5985	

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