FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 710548 (9)

UNITED WAY OF CHARLOTTE COUNTY, INC.

FILED							
Mar 06 1996	8:00 am						
Secretary of State							

818. Billi B 841 W	3181(5184(5181) 8181) 823

L							[28] [8] [10] [10] [10] [10] [10] [10] [10] [10		
Pr	incipal Place	of Business	Mailing Address						
3	195 TAMIAM	I TRAIL	3195 TAMIAMI TRAIL						
	O.BOX 2467		P.O.BOX 2467						
P	PORT CHARL	OTTE FL 33949-2467	PORT CHARLOTTE FL 3394	19-2467		3. Date incorporated or Qualifie	d 3a. Date of Last Report		
						03/18/1966	02/13/1995		
2.	Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21			26			59-1149995	Not Applicable		
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional		
22			27			5. Certificate of Status Desired	Fee Required		
<u> </u>	City & State		City & State		6. Election Campaign Financing	5.00 May Be			
23			28			Trust Fund Contribution	Added to Fees		
	Zip	Country	Zip	Country		8. This corporation has liability f	or intangible tax under s. 199.032,		
24	•	25	29 3	10		Florida Statutes	Yes No		
		9. Name and Address of Currer	it Registered Agent		10. Name and Address of New Registered Agent				
				81	Name				
ĺ		R, MICHAEL C		82	Street A	Address (P.O. Box Number is Not Accep	table)		
		KY, GAINES, GILL, DAUGHTRY	& HORNER	L					
	222 NES			83					
	PUNTA (GORDA FL 33950		84	City		85 Zip Code		
				"	0.0		FL S E FC		
11	Pursuant t	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes,	the above-r	named co	proporation submits this statement for the board of directors. I hereby accept the a	purpose of changing its registered office		
ļ	familiar wi	th, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	by the corp	OIBROILE	board of directors. Thereby accept the a	ppontment as registered agent. I am		
S	GNATURE _								
		Signature, typed or printed name of registered agent			t signature re	equired when reinstating)	DATE		
12		OFFICERS AN		13.		·	OFFICERS AND DIRECTORS IN 12		
1 1	1	PD PEVALOL DE LECE	DELETE	1.1 TITLE		D	, Change Addition		
	ME	REYNOLDS, JEFF		1.2 NAME					
1	REET ADDRESS	21175 OLEAN BLVD		1.3 STREET					
,	TY-ST-ZIP	PT CHARLOTTE FL VD	DELETE	1.4 CITY - S	T-ZIP		Change Addition		
111			Detele	2.1 TITLE		D	Change		
l	ME	VULGAMORE, GARY		2.2 NAME					
	REET ADDRESS	270 DUXBURY		2.3 STREET					
$\overline{}$	TY-S1-ZIP	PORT CHARLOTTE FL	FIDELETE	2. 4 CITY - S	ST-ZIP		A Change Addition		
TIT		VD	DELETE	3.1 TITLE			Change Addition		
l	ME	JONES, JANET		3.2 NAME		1000 - 0411	Rd		
	REET ADDRESS	3195 TAMIAMI TR		3.3 STREET		1785 mc CA11	1 24413		
-	TY-ST-ZIP	PORT CHARLOTTE FL	MODEL ETE	3.4 CITY-5	ST-ZIP	1785 mcCAII ENGIEWOOD 12	Change Maddition		
TIT		TD HODNED MIKE	DELETE	4.1 TITLE		mula Ohii Nasisi	Change Addition		
l	ME	HORNER, MIKE		4. 2 NAME		MURPHY, DENN 18500 MUROOK	1.3 0.30		
l	REET ADDRESS	222 NESBIT ST		4.3 STREET		18500 MURDIAN	EI 33948		
	TY-ST-ZIP	PUNTA GORDA FL	DELETE	4.4 C(TY-S	T-2iP	PORT CHARIOTTE	Change Addition		
l	LE :	NACKNEY DICHADO	□ntrest	5.1 TITLE		TO	Conside E3 volution		
l	ME	HACKNEY, RICHARD		5.2 NAME					
l	REET ADDRESS	PO BOX 2390 N/A		5.3 STREET					
	TY-ST-ZIP	PORT CHARLOTTE FL	Maciere	5.4 CITY - S	T-21P	110	Phanes Addition		
TIT		VD	X OETE1E	6.1 TITLE	ŀ	VO	Change Addition		
ļ	ME	MEYER, LAURA		6.2 NAME		WENZEL, ROBE			
ļ	REET ADDRESS	PO BOX 2565 N/A		6.3 STREET		9400 P. PER R.			
CIT	TY-ST-ZIP	PORT CHARLOTTE FL	tale state of the land on the state of the land	6.4 CITY - S	T-ZIP	PUNTA GORD	A FI 33982		

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)(k), 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:

CLL EX D'ectre 1/17/96 94/6273539

FICER OR DIRECTOR

Deptire Phone 1