

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Mar 06 1996 8:00 am  
Secretary of State

DOCUMENT # 710548 (9)

1. Corporation Name

UNITED WAY OF CHARLOTTE COUNTY, INC.



Principal Place of Business: 3195 TAMiami TRAIL, P.O. BOX 2467, PORT CHARLOTTE FL 33949-2467  
Mailing Address: 3195 TAMiami TRAIL, P.O. BOX 2467, PORT CHARLOTTE FL 33949-2467

3. Date Incorporated or Qualified: 03/18/1966  
3a. Date of Last Report: 02/13/1995  
4. FEI Number: 59-1149995  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORNER, MICHAEL C  
MCCLUSKY, GAINES, GILL, DAUGHTRY & HORNER  
222 NESBIT ST  
PUNTA GORDA FL 33950

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	REYNOLDS, JEFF	<input type="checkbox"/> DELETE
NAME		21175 OLEAN BLVD	
STREET ADDRESS		PT CHARLOTTE FL	
CITY - ST - ZIP			
TITLE	VD	VULGAMORE, GARY	<input type="checkbox"/> DELETE
NAME		270 DUXBURY	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY - ST - ZIP			
TITLE	VD	JONES, JANET	<input type="checkbox"/> DELETE
NAME		3195 TAMiami TR	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY - ST - ZIP			
TITLE	TD	HORNER, MIKE	<input checked="" type="checkbox"/> DELETE
NAME		222 NESBIT ST	
STREET ADDRESS		PUNTA GORDA FL	
CITY - ST - ZIP			
TITLE	SD	HACKNEY, RICHARD	<input type="checkbox"/> DELETE
NAME		PO BOX 2390 N/A	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY - ST - ZIP			
TITLE	VD	MEYER, LAURA	<input checked="" type="checkbox"/> DELETE
NAME		PO BOX 2565 N/A	
STREET ADDRESS		PORT CHARLOTTE FL	
CITY - ST - ZIP			

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1785 MCCALL Rd	
3.4 CITY - ST - ZIP	ENGLEWOOD FL 34223	
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MURPHY, DENNIS	
4.3 STREET ADDRESS	18500 MURDOCK CIR.	
4.4 CITY - ST - ZIP	PORT CHARLOTTE FL 33948	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WENZEL, ROBERT	
6.3 STREET ADDRESS	9400 PIPER Rd	
6.4 CITY - ST - ZIP	PUNTA GORDA FL 33982	

14. 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: *[Signature]* Ex. Director 1/17/96 941.627.3539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)