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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

3 Date Incorporated or Qualified 03/18/1966	3a Date of Last Report 03/06/1996
4 FEI Number 59-1149995	Applied For <input type="checkbox"/> Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	D <input type="checkbox"/> DELETE
NAME	REYNOLDS, JEFF
STREET ADDRESS	21175 OLEAN BLVD
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VULGAMORE, GARY
STREET ADDRESS	270 DUXBURY
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	JONES, JANET
STREET ADDRESS	1785 MCCALL ROAD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MURPHY, DENNIS
STREET ADDRESS	18500 MURDOCK CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE F
TITLE	TD <input type="checkbox"/> DELETE
NAME	HACKNEY, RICHARD
STREET ADDRESS	PO BOX 2390 N/A
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WENZEL, ROBERT
STREET ADDRESS	9400 PIPER ROAD
CITY-ST-ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME LAWE OIEDRICK
3.3 STREET ADDRESS 18501 MURDOCK circle
3.4 CITY-ST-ZIP PORT CHARLOTTE FL 33948
4.1 TITLE PAST PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE PD PRESIDENTS + DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 in the filing of an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)