

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 TAMAMI TRAIL P.O. BOX 2467 PORT CHARLOTTE FL 33949-2467	Mailing Address 3195 TAMAMI TRAIL P.O. BOX 2467 PORT CHARLOTTE FL 33949-2467
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/18/1966	4. FEI Number 59-1149995	Applied For <input type="checkbox"/> Not Applicable
6. 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 Paula M. Wilman 82 Street Address (P.O. Box Number is Not Acceptable) 3195 Tamiami Trail, 2nd Floor 83 84 City Paula M. Wilman FL 85 Zip Code 33952
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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 Paula M. Wilman, Chief Professional Officer DATE **4-21-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, JEFF 21175 OLEAN BLVD PT CHARLOTTE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D ROBERT, WENZEL 9400 PIPER RD PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VULGAMORE, GARY 270 DUXBURY PORT CHARLOTTE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIEDRICK, LANE 18501 MURDOCK CIRCLE PORT CHARLOTTE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, DENNIS 18500 MURDOCK CIRCLE PORT CHARLOTTE F <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PRESIDENT BRANKLEE 814 TAYLOR ST PUNTA GORDA, FL 33960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HACKNEY, RICHARD PO BOX 2390 N/A PORT CHARLOTTE FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TREASURER LAURA AMENDOLA 3250 TAMAMI TR. PT. CHARLOTTE, FL 33962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENZEL, ROBERT 9400 PIPER ROAD PUNTA GORDA FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PD LANE DIEDRICK 18501 MURDOCK CIRCLE PT. CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Paula M. Wilman Paula M. Wilman, Chief Professional Officer 941-627-3539

CR2E037 (10/97)