


FILE NOW: FILING FEE IS \$61.25

FILED
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
---	---	---

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
--	--

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	

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

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
--	---

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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME REYNOLDS, JEFF	1.1 TITLE D	1.2 NAME ROBERT WENZEL
STREET ADDRESS 21175 OLEAN BLVD	CITY-ST-ZIP PT CHARLOTTE FL	1.3 STREET ADDRESS 9400 PIPER RD	1.4 CITY-ST-ZIP PUNTA GORDA, FL 33982
TITLE D	NAME VULGAMORE, GARY	2.1 TITLE	2.2 NAME
STREET ADDRESS 270 DUXBURY	CITY-ST-ZIP PORT CHARLOTTE FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE VD	NAME DIEDRICK, LANE	3.1 TITLE	3.2 NAME
STREET ADDRESS 18501 MURDOCK CIRCLE	CITY-ST-ZIP PORT CHARLOTTE FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE P	NAME MURPHY, DENNIS	4.1 TITLE PRESIDENT	4.2 NAME FRANKLEE
STREET ADDRESS 18500 MURDOCK CIRCLE	CITY-ST-ZIP PORT CHARLOTTE F	4.3 STREET ADDRESS 514 TAYLOR ST	4.4 CITY-ST-ZIP PUNTA GORDA, FL 33950
TITLE TD	NAME HACKNEY, RICHARD	5.1 TITLE TREASURER	5.2 NAME LAURA AMENDOLA
STREET ADDRESS PO BOX 2390 N/A	CITY-ST-ZIP PORT CHARLOTTE FL	5.3 STREET ADDRESS 3250 TAMAMI TR.	5.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33962
TITLE PD	NAME WENZEL, ROBERT	6.1 TITLE PD	6.2 NAME LANE DIEDRICK
STREET ADDRESS 9400 PIPER ROAD	CITY-ST-ZIP PUNTA GORDA FL	6.3 STREET ADDRESS 18501 MURDOCK CIRCLE	6.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33948

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)