

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90186 049 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 710548**

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



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

3. Date Incorporated or Qualified

03/18/1966

4. FEI Number

59-1149995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WILMAN, PAULA M.  
3195 TAMiami TRAIL  
2ND FL  
PUNTA GORDA FL 33952

10. Name and Address of New Registered Agent

81 Name

WILMAN, PAULA M.

82 Street Address (P.O. Box Number is Not Acceptable)

23081 HARBORVIEW Rd. - 2ND FL.

83

84 City

CHARLOTTE HARBOR

FL

85 Zip Code

33980

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P LEE, FRANK

STREET ADDRESS 314 TAYLOR ST

CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☒ DELETE

NAME D VULGAMORE, GARY

STREET ADDRESS 270 DUXBURY

CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☒ DELETE

NAME PD DIEDRICK, LANE

STREET ADDRESS 18501 MURDOCK CIRCLE

CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ DELETE

NAME T AMENDOWNT, LAURA

STREET ADDRESS 3280 TAMiami TRAIL

CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ DELETE

NAME D WENZEL, ROBERT

STREET ADDRESS 9400 PIPER ROAD

CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME A KAREN SMITH

2.3 STREET ADDRESS 2885 TAMiami TRAIL

2.4 CITY-ST-ZIP PT. CHARLOTTE, FL. 33952

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME DR DAVID KLEIN

3.3 STREET ADDRESS 1600 TAMiami TRAIL

3.4 CITY-ST-ZIP MURDOCK, FL. 33948

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME AMENDOWNT, LAURA

4.3 STREET ADDRESS 3280 TAMiami TRAIL

4.4 CITY-ST-ZIP PT. CHARLOTTE, FL. 33952

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*[Signature]*

2/12/99

627-4774

CR2E037 (11/98)