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Secretary of State

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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

Mailing Address

3195 TAMiami TRAIL
 P.O. BOX 2467
 PORT CHARLOTTE FL 33949-2467

3195 TAMiami TRAIL
 P.O. BOX 2467
 PORT CHARLOTTE FL 33949-2467



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/18/1966

22 City & State

27 City & State

4. FEI Number
 59-1149995

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 - Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME P
 LEE, FRANK
 STREET ADDRESS 314 TAYLOR ST
 CITY-ST-ZIP PUNTA GORDA FL 33950

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME D
 VULGAMORE, GARY
 STREET ADDRESS 270 DUXBURY
 CITY-ST-ZIP PORT CHARLOTTE FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME PD
 DIEDRICK, LANE
 STREET ADDRESS 18501 MURDOCK CIRCLE
 CITY-ST-ZIP PORT CHARLOTTE FL 33948

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME T
 AMENDOWNT, LAURA
 STREET ADDRESS 3280 TAMiami TRAIL
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME D
 WENZEL, ROBERT
 STREET ADDRESS 9400 PIPER ROAD
 CITY-ST-ZIP PUNTA GORDA FL 33982

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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]* **REQUIRED**

2/12/99

627-4774

CR2E037 (11/98)