2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# 710843

Entity Name: TOWN OF PALM BEACH UNITED WAY, INC.

Current Principal Place of Business:

44 COCOANUT ROW, M-201
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

44 COCOANUT ROW, M-201
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-0637885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITACRE, PHILIP A
44 COCOANUT ROW, #M201
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: KOHL, SIDNEY A
Address: 305 ROYAL POINCIANA PLAZA
City-St-Zip: PALM BCH, FL 33480

Title: VC ( ) Delete
Name: MOORE, MR. RALPH
Address: C/O NORTHERN TR 11301 US HWY 1
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: T ( ) Delete
Name: BRACCI, MR. MICHAEL
Address: C/O NORTHERN TR 11301 US HWY 1
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: S ( ) Delete
Name: MEYER, SYDELLE MRS
Address: 1040 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: CD ( ) Delete
Name: HAMILTON, ANITA
Address: 425 WORTH AVENUE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change ( ) Addition
Name: MOORE, RALPH V
Address: C/O NORTHERN TR 11301 US HWY 1
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: T (X) Change ( ) Addition
Name: BRACCI, MICHAEL J
Address: C/O NORTHERN TR 11301 US HWY 1
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: S (X) Change ( ) Addition
Name: MEYER, SYDELLE
Address: 1040 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: VC (X) Change ( ) Addition
Name: HICKOX, DANIELLE A
Address: 277 PENDLETON AVENUE
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP A. WHITACRE PRES 01/09/2006

Electronic Signature of Signing Officer or Director — Date