

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711452 (3)
1. Corporation Name
UNITED WAY OF LAKE AND SUMTER COUNTIES, INC.



Principal Place of Business Mailing Address
734 N. 3RD STREET SUITE 419 LEESBURG FL 34748 US

3. Date Incorporated or Qualified **09/06/1966** 3a. Date of Last Report **03/31/1995**
4. FEI Number **59-1143758** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CLARK, RICHARD M.
734 N. 3RD. STREET
SUITE 419
LEESBURG FL 34748**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAHL, PETER F	1.2 NAME	
STREET ADDRESS	P O BOX 430 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 30	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, DAVID M	2.2 NAME	
STREET ADDRESS	900 NORTH 14TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABROOK, WILLIAM B	3.2 NAME	
STREET ADDRESS	1711 NORTH CITRUS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WILLIAM P	4.2 NAME	
STREET ADDRESS	P O BOX 490720 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 20	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RICHARD M	5.2 NAME	
STREET ADDRESS	734 N 3RD STREET SUITE 419	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 72 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Clark* Richard Clark President/CPD-352-787-7530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)