

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711452 (3)
1. Corporation Name
UNITED WAY OF LAKE AND SUMTER COUNTIES, INC.



Principal Place of Business 734 N. 3RD STREET SUITE 419 LEESBURG FL 34748 US	Mailing Address 734 N. 3RD. STREET SUITE 419 LEESBURG FL 34748-4437 US
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3. Date Incorporated or Qualified 09/06/1966	3a. Date of Last Report 02/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	30

4. FEI Number 59-1143758	Applied For Not Applicable
5. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

TITLE	VD <input type="checkbox"/> DELETE
NAME	WAHL, PETER F
STREET ADDRESS	P O BOX 430 N/A
CITY-ST-ZIP	LADY LAKE FL 30
TITLE	PD <input type="checkbox"/> DELETE
NAME	MANN, DAVID M
STREET ADDRESS	900 NORTH 14TH STREET
CITY-ST-ZIP	LEESBURG FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SEABROOK, WILLIAM B
STREET ADDRESS	1711 NORTH CITRUS BLVD
CITY-ST-ZIP	LEESBURG FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	JONES, WILLIAM P
STREET ADDRESS	P O BOX 490720 N/A
CITY-ST-ZIP	LEESBURG FL 20
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, RICHARD M
STREET ADDRESS	734 N 3RD STREET SUITE 419
CITY-ST-ZIP	LEESBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

900002101859 Change Addition
-03/03/97--01016--014
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14. I do 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: *Richard M. Clark* **Richard M. Clark** **2-14-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0070126**

CR2E037 (9/96)