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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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
 4. FEI Number **59-1143758** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 28 Zip 29 Country 30

6. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **Provance, John L.**
 82 Street Address (P.O. Box Number Is Not Acceptable) **734 N 3rd Street Suite 419**
 83
 84 City **Leesburg** FL 85 Zip Code **34748**

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 **John L. Provance, President/Chief Professional Officer** 4/13/98
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAHL, PETER F	1.2 NAME	W. Richard Billings
STREET ADDRESS	P O BOX 430 N/A	1.3 STREET ADDRESS	122 East Main St.
CITY-ST-ZIP	LADY LAKE FL 30	1.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	PD <input checked="" 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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEABROOK, WILLIAM B	3.2 NAME	Jay Bartholomew
STREET ADDRESS	1711 NORTH CITRUS BLVD	3.3 STREET ADDRESS	431 US Hwy 441/27
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Lady Lake, FL 32159
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, WILLIAM P	4.2 NAME	Robert McKee
STREET ADDRESS	P O BOX 490720 N/A	4.3 STREET ADDRESS	P.O. Box 327
CITY-ST-ZIP	LEESBURG FL 20	4.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, RICHARD M	5.2 NAME	John L. Provance
STREET ADDRESS	734 N 3RD STREET SUITE 419	5.3 STREET ADDRESS	734 N 3rd Street Suite 419
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Leesburg, FL 34748
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 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: **[Signature]** 4/13/98 (352)787-7530

CR2E037 (10/97)