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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **738427** (4)

1. Corporation Name
~~UNITED WAY OF VOLUSIA COUNTY, INC.~~
UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC

Principal Place of Business: 3747 W INT'L SPEEDWAY BLVD, DAYTONA BEACH FL 32124-1011 US

Mailing Address: 3747 W. INTERNATIONAL SPEEDWAY BLVD, DAYTONA BEACH FL 32124-1011 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/22/1977**

3a. Date of Last Report: **02/24/1995**

4. FEI Number: **59-1099774** 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

9. Name and Address of Current Registered Agent

**DICESARE, JOHN JR
6156 SHORELINE DRIVE
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent

81 Name: **TR**

82 Street Address (P.O. Box Number is Not Acceptable): **500001748849**

83: **-03719796--01034--007**
*******70.00 *****70.00**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STAED, THOMAS W.	
STREET ADDRESS	1926 S. PENINSULA DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	KOSMAS, SUZANNE	
STREET ADDRESS	2801 N. PENINSULA AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	HILL, KENNETH E.	
STREET ADDRESS	8 MOSS PINT DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CROTTY, E. WILLIAM	
STREET ADDRESS	2200 N. ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GRAHAM, JOHN E.	
STREET ADDRESS	11-A BUCKSKIN LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DI CESARE, JOHN	
STREET ADDRESS	6156 SHORELINE DR.	
CITY-ST-ZIP	PORT ORANGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	<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	CD	<input checked="" 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		

SP 3/19/96

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Di Cesare* DATE: **3/11/96** Daytime Phone #: **904-253-0563**

CR2E037 (12/95)