


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738427 (4)
1. Corporation Name
THE 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 INT'L SPEEDWAY BLVD DAYTONA BEACH FL 32124-1011 US
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3. Date Incorporated or Qualified 03/22/1977	
4. FEI Number 59-1099774	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MILLIKEN, GREGORY 3747 W INT'L SPEEDWAY BLVD DAYTONA BEACH FL 32124	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	TR STAED, THOMAS W. 1926 S. PENINSULA DRIVE DAYTONA BEACH FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KOSMAS, SUZANNE 2801 N. PENINSULA AVENUE NEW SMYRNA BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD NOWWISKE, RON 1320 OAK FOREST DR ORMOND BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CROTTY, E. WILLIAM 2200 N. ATLANTIC AVENUE DAYTONA BEACH FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GRAHAM, JOHN E. 11-A BUCKSKIN LANE ORMOND BEACH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TURNER, WILLIAM 1207 OAK FOREST DR ORMOND BEACH FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SECRETARY S.D. GREGORY H. MILLIKEN 809 PELICAN BAY DR DAYTONA BEACH FL 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MANAGER T.D. DAN BOLERTALIC 42 S. PENINSULA DAYTONA BEACH FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V.D. RICHARD C. BROWN 202 SEABREEZE BLVD DAYTONA BEACH FL 32126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRESIDENT P.D. GRAHAM, JOHN E. 11-A BUCKSKIN LN ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *G. Milliken* 3/25/98 904-253-0503

CF2E037 (10/97)