

FILE NOW: FILING FEE IS \$61.25

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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 756769 (6)

1. Corporation Name
UNITED WAY OF MONROE COUNTY, INC.



Principal Place of Business Mailing Address
1019 FLAGLER AVENUE P.O. BOX 1616
POST OFFICE BOX 1616 KEY WEST FL 33041-1616
KEY WEST FL 33040 US

3. Date Incorporated or Qualified 03/13/1981
3a. Date of Last Report 01/29/1996

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number 59-1288630	Applied For	Not Applicable
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.	5	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ILCHUK, PETER K
1019 FLAGLER AVE.
KEY WEST FL 33040

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: *Peter K. Ilchuk* PETER K. ILCHUK, EXEC. DR. 1/6/97
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	R <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOOS, BOB	1.2 NAME	DAVE TAVERNIER
STREET ADDRESS	1019 FLAGLER AVE	1.3 STREET ADDRESS	11290 Overseas Hwy
CITY-ST-ZIP	SUMMERLAND KEY FL	1.4 CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JERRY	2.2 NAME	BONNIE BURNETT
STREET ADDRESS	12640 OVERSEAS HWY	2.3 STREET ADDRESS	30336 Overseas Hwy
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	BIG PINE KEY, FL 33093
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICK, JAMES	3.2 NAME	
STREET ADDRESS	317 WHITEHEAD STR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN-HEITLINGER, JOHN	4.2 NAME	
STREET ADDRESS	C/O KEYS FED CR. UNION, PEARY CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, CHARLES	5.2 NAME	
STREET ADDRESS	510 SOUTHARD STR	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUELCH, KIRK C	6.2 NAME	
STREET ADDRESS	302 FLEMING ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	

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: *Bonnie Burnett* 1/6/97 205-296-3464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024879

CR2E037 (9/96)