

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90112 026 ****61.25



DOCUMENT # 756769
1. Entity Name
UNITED WAY OF MONROE COUNTY, INC.

Principal Place of Business: **1400 UNITED STREET
KEY WEST FL 33040**
Mailing Address: **P.O. BOX 2910
KEY WEST FL 33045-2910
US**

2. Principal Place of Business: **1400 United Street # 110**
Suite, Apt. #, etc.:
3. Mailing Address: Suite, Apt. #, etc.:

City & State: City & State:

Zip: Country: Zip: Country:

4. FEI Number: **59-1288630** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**GOULDY, SUSAN
1400 UNITED STREET
KEY WEST FL 33040**

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): **1400 United Street # 110**
City: **FL** Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW - FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE: D NAME: YAHN, DANNY STREET ADDRESS: 2945 GROUPE DRIVE CITY-ST-ZIP: MARATHON FL 33050 | <input type="checkbox"/> Delete |
| TITLE: MC NAME: WAYNE, MARKHAM STREET ADDRESS: PO BOX 50158 CITY-ST-ZIP: MARATHON FL 33050 | <input type="checkbox"/> Delete |
| TITLE: P NAME: GOULDY, SUSAN STREET ADDRESS: P.O. BOX 2910 CITY-ST-ZIP: KEY WEST FL 33045-2910 | <input type="checkbox"/> Delete |
| TITLE: D NAME: HARDER, JACKIE STREET ADDRESS: P O BOX 1197 CITY-ST-ZIP: TAVERNIER FL 33070 | <input type="checkbox"/> Delete |
| TITLE: MD NAME: MOORE, TOM STREET ADDRESS: 101499 OVERSEAS HWY CITY-ST-ZIP: KEY LARGO FL 33037 | <input type="checkbox"/> Delete |
| TITLE: MD NAME: GREENE, JUDY K. STREET ADDRESS: 1111 12TH STREET, SUITE 301 CITY-ST-ZIP: KEY WEST FL 33040 | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|
| TITLE: T NAME: Will, Nicki STREET ADDRESS: 5900 Collega Road CITY-ST-ZIP: Key West, FL 33040 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: VC NAME: Goodman, Carey STREET ADDRESS: 23088 Bluegill Lane CITY-ST-ZIP: Cudjoe Key, FL 33042 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: S NAME: Fincke, Candy STREET ADDRESS: 91500 Overseas Highway CITY-ST-ZIP: Tavernier, FL 33070 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: Brennan, Victoria STREET ADDRESS: 11 Cocophim Road CITY-ST-ZIP: Key Largo, FL 33037 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: Kissner, Michael STREET ADDRESS: 3301 Overseas Highway CITY-ST-ZIP: Marathon, FL 33050 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: Carrigan, Michael STREET ADDRESS: P.O. Box 1000 CITY-ST-ZIP: Islamorada, FL 33036 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan B. Gouldy **Susan B. Gouldy** 3-31-05 305-296-3464
Date: 3-31-05 Daytime Phone #: 305-296-3464