


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90028 045 ****61.25

| | | | |
|--|---------|---|---------|
| DOCUMENT # 756769 | |  | |
| 1. Entity Name UNITED WAY OF MONROE COUNTY, INC. | | | |
| Principal Place of Business 1400 UNITED STREET #110 KEY WEST FL 33040 | | Mailing Address P.O. BOX 2910 KEY WEST FL 33045-2910 US | |
| 2. Principal Place of Business - No P.O. Box # 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 <input type="checkbox"/> | | \$8.75 Additional Fee Required | |



1st MOORE CR2E037 (10/06)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent GOULDY, SUSAN 1400 UNITED STREET #110 KEY WEST FL 33040 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE: CD Director NAME: GOODMAN, CAREY STREET ADDRESS: 23088 BLUEGILL LANE CITY ST ZIP: SUMMERLAND KEY FL 33042 <input checked="" type="checkbox"/> Delete | | TITLE: Yice Chair NAME: Nicki Will STREET ADDRESS: 5900 College Road CITY ST ZIP: Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: Director NAME: WAYNE, MARKHAM STREET ADDRESS: PO BOX 50158 CITY ST ZIP: MARATHON FL 33050 <input type="checkbox"/> Delete | | TITLE: Treasurer NAME: Kim Bassett STREET ADDRESS: 3301 Overseas Highway CITY ST ZIP: Marathon, FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: P NAME: GOULDY, SUSAN STREET ADDRESS: P.O. BOX 2910 CITY ST ZIP: KEY WEST FL 33045-2910 <input type="checkbox"/> Delete | | TITLE: Secretary NAME: Candy Fincke STREET ADDRESS: 91500 Overseas Highway CITY ST ZIP: Tavernier, FL 33070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: Chair NAME: RAMSAY, RICK STREET ADDRESS: 5525 JR. COLLEGE RD CITY ST ZIP: KEY WEST FL 33040 <input type="checkbox"/> Delete | | TITLE: Chairman NAME: Rick Ramsay STREET ADDRESS: 5525 Jr. College Rd. CITY ST ZIP: Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: D NAME: MOORE, TOM STREET ADDRESS: 101499 OVERSEAS HWY CITY ST ZIP: KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete | | TITLE: Director NAME: Wayne Markham STREET ADDRESS: P.O. Box 50158 CITY ST ZIP: Marathon, FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: D NAME: GREENE, JUDY K STREET ADDRESS: 1100 SIMONTON ST CITY ST ZIP: KEY WEST FL 33040 <input type="checkbox"/> Delete | | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Richard A. Ramsay Date: 03/05/07 Daytime Phone #: 305/292-7002