


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90036 007 \*\*\*\*61.25

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



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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
1st MOORE      CR2E037 (10/07)

City & State      City & State  
Zip      Country      Zip      Country

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

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	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, CAREY	
STREET ADDRESS	23088 BLUEGILL LANE	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAYNE, MARKHAM	
STREET ADDRESS	PO BOX 50158	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOULDY, SUSAN	
STREET ADDRESS	P.O. BOX 2910	
CITY-ST-ZIP	KEY WEST FL 33045-2910	
TITLE	<b>&amp; Director</b>	<input type="checkbox"/> Delete
NAME	RAMSAY, RICK	
STREET ADDRESS	5525 JR. COLLEGE RD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARKHAM, WAYNE	<i>duplication</i>
STREET ADDRESS	P O BOX 50158	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, JUDY K	
STREET ADDRESS	1100 SIMONTON ST	
CITY-ST-ZIP	KEY WEST FL 33040	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicki Will	
STREET ADDRESS	5900 College Road	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Bantus	
STREET ADDRESS	P.O. BOX 2523	
CITY-ST-ZIP	Marathon Shores, FL 33052	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Susan Gouldy, Susan Gouldy*      3-20-08      305-296-3464