

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N16587 (0)
1. Corporation Name
THE UNITED WAY ROTUNDA FOUNDATION, INC.



Principal Place of Business: **2600 QUANTUM BLVD BOYTON BEACH FL 33426 US**
Mailing Address: **P. O. BOX 20809 W PALM BEACH FL 33416 US**

3. Date Incorporated or Qualified: **09/02/1986**
3a. Date of Last Report: **07/03/1995**

2. Principal Place of Business (21-24):
2a. Mailing Address (25-28):
21: Suite, Apt. #, etc.
22: City & State
23: Zip
24: Country
25: Suite, Apt. #, etc.
26: City & State
27: Zip
28: Country
29: Zip
30: Country

4. FEI Number: **59-2718189**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**AHERN, ROBERT W.
2600 QUANTUM BLVD.
BOYTON BEACH FL 33426**

10. Name and Address of New Registered Agent
81 Name: **BADESCH, SLOTT B**
82 Street Address (P.O. Box Number is Not Acceptable): **2600 QUANTUM BLVD.**
83
84 City: **BOYNTON BEACH** FL 85 Zip Code: **33416**

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 617.0603, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELLIS, ARTHUR P.	
STREET ADDRESS	2255 GLADES ROAD #110E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOFFETT, THEODORE R.	
STREET ADDRESS	5200 N DIXIE HWY #2505	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FLANIGAN, JOHN F	
STREET ADDRESS	625 N FLAGLER DR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEY, WADE	
STREET ADDRESS	235 MERRIAN ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	000001817280
4.3 STREET ADDRESS	-05/13/96--01002--880 011
4.4 CITY-ST-ZIP	***70.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

[Handwritten: QM 5-1-96]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **April 25, 1996** DAYTIME PHONE #: **407-659-7500**

CR2E037 (12/95)