FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:56

DOCUMENT # **709940** **(1)**

1. Corporation Name

UNITED WAY OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
1300 SOUTH ANDREWS AVENUE P.O. BOX 22877 FT. LAUDERDALE FL 33335	1300 SOUTH ANDREWS AVENUE P.O. BOX 22877 FT LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1965
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-0624402 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

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

9. Name and Address of Current Registered Agent

ENDSLEY, E. DOUGLAS
1300 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: Robert C. MacConnell
82 Street Address (P.O. Box Number is Not Acceptable): 1300 S. Andrews Avenue
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33316

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] Robert C. MacConnell, President 4/27/95
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	LEIDER, ROBERT W	12 NAME	George Allen
STREET ADDRESS	1401 79 ST CAUSEWAY	13 STREET ADDRESS	305 South Andrews Avenue
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D	21 TITLE	C ☒ Change ☐ Addition
NAME	RODRIGUEZ, RAMON A	22 NAME	
STREET ADDRESS	7080 NW FOURTH ST	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION F	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	D ☒ Change ☐ Addition
NAME	GOMM, JACK W	32 NAME	Steve J. Preston
STREET ADDRESS	7200 NORTHWEST FOURTH ST	33 STREET ADDRESS	100 N.E. 3 Avenue, Suite 700
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	ROACH, MARGARET B	42 NAME	*** DELETE ***
STREET ADDRESS	1651 NW 26 AVE	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	Chuck Mohr
STREET ADDRESS		53 STREET ADDRESS	One East Broward Blvd.
CITY-ST-ZIP		54 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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] Robert C. MacConnell 4/27/95 (304)462-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047481