

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 # 709940

(1)

1. Corporation Name

UNITED WAY OF BROWARD COUNTY, INC.

Principal Place of Business

1300 SOUTH ANDREWS AVENUE
P.O. BOX 22877
FT. LAUDERDALE FL 33335

Mailing Address

1300 SOUTH ANDREWS AVENUE
P.O. BOX 22877
FT. LAUDERDALE FL 33335



3. Date Incorporated or Qualified
11/18/1965

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1300 S. ANDREWS AVE

26 1300 S. ANDREWS AVE

4. FEI Number
59-0624402

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FORT LAUDERDALE FL

28 FORT LAUDERDALE FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33316

Country

29 33316

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACCONNELL
1300 S ANDREWS AVE
FT LAUDERDALE FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ALLEN, GEORGE
STREET ADDRESS 305 S ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE C ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME RODRIGUEZ, RAMON A
STREET ADDRESS 7080 NW FOURTH ST
CITY-ST-ZIP PLANTATION F

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PRESTON, STEVE J
STREET ADDRESS 100 NE 3RD AVE SUITE 700
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MOHR, CHUCK
STREET ADDRESS ONE EAST BROWARD BLVD
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. MacConnell

4/29/96

(954) 462-4850

Date

Daytime Phone #

President

CR2E037 (12/95)