

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709940** (1)

1. Corporation Name

UNITED WAY OF BROWARD COUNTY, INC.



Principal Place of Business 1300 SOUTH ANDREWS AVENUE FT. LAUDERDALE FL 33335 US	Mailing Address 1300 SOUTH ANDREWS AVENUE FT. LAUDERDALE FL 33335 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33316 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33316 Country
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3. Date Incorporated or Qualified 11/18/1965
4. FEI Number 59-0624402
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MACCONNELL 1300 S ANDREWS AVE FT LAUDERDALE FL 33316
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10. Name and Address of New Registered Agent 81 Name ROBERT C. MACCONNELL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, GEORGE	1.2 NAME	
STREET ADDRESS	305 S ANDREWS AVE	1.3 STREET ADDRESS	1300 S. ANDREWS AVE
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEAN G	2.2 NAME	
STREET ADDRESS	501 E LAO OLAS BLVD	2.3 STREET ADDRESS	1300 S. ANDREWS AVE
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, STEVE J	3.2 NAME	
STREET ADDRESS	201 SE 17 AVE	3.3 STREET ADDRESS	1300 S. ANDREWS AVE
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCONNELL, ROBERT C	4.2 NAME	
STREET ADDRESS	1300 S ANDREWS AVE	4.3 STREET ADDRESS	FT LAUDERDALE FL 33316
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MARJORIE D. PROSSER
STREET ADDRESS		5.3 STREET ADDRESS	1300 S. ANDREWS AVENUE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marjorie D. Prosser* **MARJORIE D. PROSSER** 1/15/98 462-4850 X121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036835

CR2E037 (10/97)