## **FILE NOW: FILING FEE IS \$61.25**

**FILED** NONPROFIT Mar 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **POCUMENT #**Corporation Name 756769 (6)UNITED WAY OF MONROE COUNTY, INC. Principal Place of Business Mailing Address 1019 FLAGLER AVENUE P.O. BOX 1616 3. Date Incorporated or Qualified POST OFFICE BOX 1616 KEY WEST FL 33040 KEY WEST FL 33041-161 <u>03/13/1981</u> 4. FEI Number Applied For 59-1288630 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name ILCHUK, PETER K 82 Street Address (P.O. Box Number is Not Acceptable) 1019 FLAGLER AVE. 83 KEY WEST FL 33040 Zip Code 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with a decrease a second acceptance of the appointment as registered agent. I am familiar with a decrease a second acceptance of the appointment as registered agent. I am familiar with a decrease a second acceptance of the appointment as registered agent. I am familiar with a decrease a second acceptance of the appointment as registered agent. I am familiar with a second acceptance of the appointment as registered agent. I am familiar with a second acceptance of the appointment as registered agent. I am familiar with a second acceptance of the appointment as registered agent. I am familiar with a second acceptance of the appointment as registered agent. I am familiar with a second acceptance of the appointment as registered agent. I am familiar with a second acceptance of the appointment acceptance ILCHUR d name of registered agent and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE 2 Onange Addition TAVERNIER, DAVE NAME 1.2 NAME 11290 OVERSEAS HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS MARATHON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME **BURNETT, BONNIE** 2.2 NAME 30336 OVERSEAS HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS **BIG PINE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME DOLAN-HEITLINGER, JOHN 3.2 NAME STREET ADDRESS C/O KEYS FED CR. UNION, PEARY CT. 3.3 STREET ADDRESS CITY-ST-ZIP KEY WEST FL 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition BRADFORD, CHARLES NAME 4 2 NAME 1010 Kennedy Drive **510-COUTHARD STR** STREET ADDRESS 4.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME ZUELCH, KIRK C 5.2 NAME 302 FLEMING ST STREET ADDRESS 5.3 STREET ADDRESS

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.

5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

61 TITLE

6.2 NAME

RECIDENT

KURT JOSEPH

Colern Beach,

Change

Addition

☐ DELETE

KEY WEST FL

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITL F

NAME

CHARUET A BRADFORD JE SIGNATURE: