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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90256 031 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700671

1. Corporation Name

UNITED WAY OF MANATEE COUNTY, INC.

Principal Place of Business

1701 14TH STREET WEST
P.O. BOX 109
BRADENTON FL 34206-7109

Mailing Address

1701 14TH STREET WEST
P.O. BOX 109
BRADENTON FL 34206-7109



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/24/1960

4. FEI Number

59-0901509

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

9. Name and Address of Current Registered Agent

KOONTZ, GERARD F.
1701 14TH ST., W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent

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

GERARD F. KOONTZ EXECUTIVE DIRECTOR 3-3-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRAIN, MURPHY J	
STREET ADDRESS	2003 CORTEZ ROAD W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	PE	<input checked="" type="checkbox"/> DELETE
NAME	MERCIER, MARK E.	
STREET ADDRESS	2040 WHITFIELD AVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BEALL, BEVERLY	
STREET ADDRESS	1806 38TH AVE. E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VINING, C. TIMOTHY	
STREET ADDRESS	3301 WHITFIELD AVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Marquez	
1.3 STREET ADDRESS	206 2nd St. E.	
1.4 CITY-ST-ZIP	Bradenton, FL 34208	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey Podobnik	
2.3 STREET ADDRESS	1701 27th St. E.	
2.4 CITY-ST-ZIP	Bradenton, FL 34208	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sarah H. Pappas	
3.3 STREET ADDRESS	5807 26th St. W.	
3.4 CITY-ST-ZIP	Bradenton, FL 34207	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99

Date

941-747-3031

Daytime Phone #

CR2E037 (1/98)