


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90041 039 ****61.25

DOCUMENT # 704853 1. Entity Name UNITED WAY OF ST. LUCIE COUNTY, INC.					
Principal Place of Business 4800 SOUTH US HIGHWAY 1 FORT PIERCE, FL 34982			Mailing Address 4800 SOUTH US HIGHWAY 1 FORT PIERCE, FL 34982		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6212157	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KNAPP, KAREN 4800 SOUTH US HIGHWAY 1 FORT PIERCE, FL 34982				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, ROGER PO BOX 1637 JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THOMAS, ROGER PO BOX 1637 JENSEN BCH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEY, PAT 2211 OKEECHOBEE RD FORT PIERCE, FL 34950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAURA M. MALONEY 111 ORANGE AVE FT. PIERCE, FL 34950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KELLY-BROWN, SHARON 950 BAYSHORE BLVD PORT SAINT LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KELLY-BROWN, SHARON 950 BAYSHORE BLVD. PORT ST. LUCIE, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CORRICK, ESQ, DENNIS 1903 S 25TH ST FORT PIERCE, FL 34947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CORRICK, ESQ DENNIS 1903 S 25TH ST. FT. PIERCE, FL 34947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC THOMPSON, MARSHA 3209 VIRGINIA AVE FORT PIERCE, FL 34981		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARGE RILEY 1792 NE JENSEN BCH BLVD JENSEN BCH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEY, ESQ, LINNES 211 E. OSCEOLA STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRI SLOAN-BARTZ 9698 S. U.S. Hwy 1 PORT ST. LUCIE, FL 34952	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Karen Knapp</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>1-9-08</i> (772) 464-5300 <small>Daytime Phone #</small>		