

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710548

Entity Name: UNITED WAY OF CHARLOTTE COUNTY, INC.**Current Principal Place of Business:**17831 MURDOCK CIRCLE
SUITE A
PORT CHARLOTTE, FL 33948**Current Mailing Address:**17831 MURDOCK CIRCLE
SUITE A
PORT CHARLOTTE, FL 33948**FEI Number: 59-1149995****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BLACKWELL-HUSSEY, CARRIE ED
17831 MURDOCK CIRCLE
SUITE A
PORT CHARLOTTE, FL 33948 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ED
Name BLACKWELL HUSSEY, CARRIE
Address 17831 MURDOCK CIRCLE, SUITE A
City-State-Zip: PORT CHARLOTTE FL 33948

Title P
Name RUSSELL, W. KEVIN
Address 17831 MURDOCK CIRCLE
SUITE A
City-State-Zip: PORT CHARLOTTE FL 33948

Title T
Name MATZKO, MAURA
Address 17831 MURDOCK CIRCLE
SUITE A
City-State-Zip: PORT CHARLOTTE FL 33948

Title D
Name SIFRIT, SUE
Address 17831 MURDOCK CIRCLE
SUITE A
City-State-Zip: PORT CHARLOTTE FL 33948

Title V
Name MATHIS, JULIE
Address 17831 MURDOCK CIRCLE
SUITE A
City-State-Zip: PORT CHARLOTTE FL 33948

Title PAST- PRESIDENT
Name MILLER, CHARLOTTE
Address 17831 MURDOCK CIRCLE
SUITE A
City-State-Zip: PORT CHARLOTTE FL 33948

Title TREASURER
Name FITZGERALD, DEBORAH H.
Address 17831 MURDOCK CIRCLE
SUITE A
City-State-Zip: PORT CHARLOTTE FL 33948

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARRIE BLACKWELL HUSSEY**EXECUTIVE DIRECTOR****04/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date