

**2022 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:**MATTHIESSEN, ANGIE  
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:** ANGIE MATTHIESSEN

03/02/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name MATTHIESSEN, ANGIE  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

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

Title DIRECTOR  
Name WOOD, WILLIAM DR.  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name CULLINAN, MARCIA  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name BENDER, JOE DR.  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

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

Title DIRECTOR  
Name CARDONA, KRISTIN  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name CURASCO, STEPHEN  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

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*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:** ANGIE MATTHIESSEN

EXECUTIVE DIRECTOR

03/02/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GANT, ERIN  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name HUFF-SUFFERLING, CARYN  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name REYNOLDS, CARA  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name ERAHT, MICHAEL  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name GRANT OLIVER, VANESSA  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948

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

Title DIRECTOR  
Name WESTON, PATRICE  
Address 17831 MURDOCK CIRCLE  
SUITE A  
City-State-Zip: PORT CHARLOTTE FL 33948