Electronic Signature of Signing Officer/Director Detail

#### 2020 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

## 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			01/15/2020
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	ED	Title	PAST PRESIDENT	
Name	MATTHIESSEN, ANGIE	Name	SIFRIT, SUE	
Address	17831 MURDOCK CIRCLE SUITE A	Address	17831 MURDOCK CIRCLE SUITE A	
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948	
Title	DIRECTOR	Title	DIRECTOR	
Name	BENDER, JOE DR.	Name	RUSSELL, W. KEVIN	
Address	17831 MURDOCK CIRCLE SUITE A	Address	17831 MURDOCK CIRCLE SUITE A	
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948	
Title	PRESIDENT	Title	DIRECTOR	
Name	GOLDBERG, HARVEY	Name	BILL, WOOD DR.	
Address	17831 MURDOCK CIRCLE SUITE A	Address	17831 MURDOCK CIRCLE SUITE A	
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948	
Title	DIRECTOR	Title	DIRECTOR	
Name	CARDONA, KRISTIN	Name	CULLINAN, MARCIA	
Address	17831 MURDOCK CIRCLE SUITE A	Address	17831 MURDOCK CIRCLE SUITE A	
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948	

## Continues on page 2

FINANCE DIRECTOR

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

r/Director Detail

FILED Jan 15, 2020 Secretary of State 5600377467CC

Certificate of Status Desired: Yes

01/15/2020 Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	CURASCO, STEPHEN	Name	GANT, ERIN
Address	17831 MURDOCK CIRCLE SUITE A	Address	17831 MURDOCK CIRCLE SUITE A
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948
Title	DIRECTOR	Title	DIRECTOR
Name	GRANT OLIVER, VANESSA	Name	HUFF-SUFFERLING, CARYN
Address	17831 MURDOCK CIRCLE SUITE A	Address	17831 MURDOCK CIRCLE SUITE A
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948
Title		Title	
	DIRECTOR		DIRECTOR
Name	MILLER, CHARLOTTE	Name	REYNOLDS, CARA
Address	17831 MURDOCK CIRCLE SUITE A	Address	17831 MURDOCK CIRCLE SUITE A
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948
Title	DIRECTOR	Title	DIRECTOR
Name	VITO, STEVE	Name	WESTON, PATRICE
Address	17831 MURDOCK CIRCLE SUITE A	Address	17831 MURDOCK CIRCLE SUITE A
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948
Title	DIRECTOR	Title	DIRECTOR
Name			
	WICKSTROM, PHILIP	Name	WILLIAMS, RANDY
Address	17831 MURDOCK CIRCLE SUITE A	Address	17831 MURDOCK CIRCLE SUITE A
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948