

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711452

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC4687933243**

**Entity Name:** UNITED WAY OF LAKE AND SUMTER COUNTIES, INC.

**Current Principal Place of Business:**

32644 BLOSSOM LANE  
LEESBURG, FL 34788

**Current Mailing Address:**

32644 BLOSSOM LANE  
LEESBURG, FL 34788 US

**FEI Number:** 59-1143758

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MORAN-LOUBRIEL, ANA MARIA  
32644 BLOSSOM LANE  
LEESBURG, FL 34788 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 BCH  
Name LUCAS, DON  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title VC  
Name CULPEPPER, DIANE  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title TREASURER  
Name LINDGREN, RICHARD  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title SECRETARY  
Name NICHOLS, GARY  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title D  
Name BURRY, GAIL  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title D  
Name RIVERS, DR. CECELIA  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title D  
Name MAZENKO, TODD J  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title D  
Name D'AIUTO, WILLIAM  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

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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:** ANA MARIA MORAN-LOUBRIEL

**PRESIDENT/CEO**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title P  
Name MORAN-LOUBRIEL, ANA MARIA  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name BLAKE, JOSHUA  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name JONES, EUGENE DR.  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name SKAGGS, STEVE  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title LDCCH  
Name DE LIBRO, CHRIS  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name CORNELL, BRYAN  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name RHODES, MARY  
Address 32644 BLOSSOM LANE  
City-State-Zip: LEESBURG FL 34788