

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010113

Entity Name: UNITED WAY FOUNDATION OF CHARLOTTE COUNTY, INC.**Current Principal Place of Business:**17831 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948**Current Mailing Address:**17831 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948 US**FEI Number: 81-4188540****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**W. KEVIN RUSSELL
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	D
Name	RICE, TOM
Address	13130 PLACIDA POINT CT
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	D
Name	KUNIK, HOWARD
Address	3400 HIDDEN VALLEY CIRCLE
City-State-Zip:	PUNTA GORDA FL 33982

Title	D
Name	MIZE, MARYANN
Address	1560 ATARES DRIVE, UNIT 112
City-State-Zip:	PUNTA GORDA FL 33950

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

Title	D
Name	W. KEVIN RUSSELL
Address	14295 S. TAMIAMI TRAIL
City-State-Zip:	NORTH PORT FL 33948

Title	D
Name	GLYNN, JAY
Address	4430 MEAGER CIRCLE
City-State-Zip:	PORT CHARLOTTE FL 33947

Title	EXECUTIVE DIRECTOR
Name	MATTHIESSEN, ANGIE
Address	17831 MURDOCK CIRCLE
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: ANGIE MATTHIESSEN**DIRECTOR****01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date