2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702852

FILED Apr 10, 2008 Secretary of State

Entity Name: UNITED WAY OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

1836 14TH AVENUE

VERO BEACH, FL 32961 US

Current Mailing Address: New Mailing Address:

PO BOX 1960

VERO BEACH, FL 32961 US

FEI Number: 59-1087090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KINT, MICHAEL 1836 14TH AVENUE VERO BEACH, FL 32961 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD () Delete
 Title:
 CD (X) Change () Addition

 Name:
 PENNEY, WILLIAM
 Name:
 PENNEY, WILLIAM

 Address:
 571 BEACHLAND BLVD
 Address:
 571 BEACHLAND BLVD

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:
 VERO BEACH, FL 32963

Title: SD () Delete Title: SD (X) Change () Addition Name: MARSHALL, KATHRYN Name: MARSHALL, KATHRYN

Address: 1330 WHITE HERON LANE Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete Title: VD (X) Change () Addition

 Name:
 KMETZ, MICHAEL
 Name:
 KMETZ, MICHAEL

 Address:
 3111 CARDINAL DR.
 Address:
 3111 CARDINAL DR.

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:
 VERO BEACH, FL 32963

 $\label{eq:title:Title:TD} {\it Title:} \qquad {\it CD} \qquad (\) \ {\it Delete} \qquad \qquad {\it Title:} \qquad {\it TD} \qquad (\it X) \ {\it Change} \ (\) \ {\it Addition}$

 Name:
 LEONARD, LAWRENCE Y
 Name:
 ILAIN, ISAAC

 Address:
 6300 N HIGHWAY A1A
 Address:
 2810 US HIGHWAY 1

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:
 FT. PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL W KINT CEO 04/10/2008