

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702977

(0)

1. Corporation Name

UNITED WAY OF SARASOTA COUNTY, INC.



Principal Place of Business

Mailing Address

1750 17TH ST. UNIT J-2
SARASOTA FL 34234

1750 17TH ST. UNIT J-2
SARASOTA FL 34234

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/05/1961

3a. Date of Last Report

04/14/1995

4. FEI Number

59-0737866

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

10. Name and Address of New Registered Agent

YOUNG, ALEXANDER L
1750 17TH ST., UNIT J-2
SARASOTA FL 34234

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

ALEXANDER L. YOUNG
EXECUTIVE DIRECTOR

3/18/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, ALEX L.	
STREET ADDRESS	1750 17TH ST., UNIT J-2	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ARTHUR M JR	
STREET ADDRESS	1515 RINGLING BOULEVARD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HOLDNAK, DONNA K	
STREET ADDRESS	8201 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MACON, M. R	
STREET ADDRESS	100 ELECTRIC BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GOODWILL, MIMI	
STREET ADDRESS	1768 OAK LAKES DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOUGHTON, JAMES E	
STREET ADDRESS	801 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YOUNG, ALEX L.	
1.3 STREET ADDRESS	1750 17TH ST. UNIT J2	
1.4 CITY-ST-ZIP	SARASOTA, FL	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FORD, EDWIN L.	
2.3 STREET ADDRESS	1549 RINGLING BLVD. SUITE 600	
2.4 CITY-ST-ZIP	SARASOTA, FL.	
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MATTHEWS, LYNN O.	
3.3 STREET ADDRESS	801 S. TAMiami TRAIL	
3.4 CITY-ST-ZIP	SARASOTA, FL	
4.1 TITLE	000001771480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-04/08/96--01002--020	
4.3 STREET ADDRESS	***70.00	
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBISON, YVETTE M.	
5.3 STREET ADDRESS	5840 26TH ST. W.	
5.4 CITY-ST-ZIP	BRADENTON, FL.	
6.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DOUGHTON, JAMES E	
6.3 STREET ADDRESS	801 S. TAMiami TRAIL	
6.4 CITY-ST-ZIP	SARASOTA, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER L. YOUNG EXECUTIVE DIRECTOR

3/18/96 971-366-2686

DATE

Daytime Phone #

CR2E037 (12/95)