

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

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SARASOTA FL 34234

3. Date Incorporated or Qualified: **10/05/1961**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25) Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

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)

(NOTE: Registered Agent signature required when reinstating)

ALEXANDER L. YOUNG
ALEXANDER L. YOUNG **EXECUTIVE DIRECTOR** **3/18/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	YOUNG, ALEX L.
1.4 CITY-ST-ZIP	1750 17TH ST. UNIT J2 SARASOTA, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DP
2.3 STREET ADDRESS	FORD, EDWIN L.
2.4 CITY-ST-ZIP	1549 RINGLING BLVD. SUITE 600 SARASOTA, FL.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DVP
3.3 STREET ADDRESS	MATTHEWS, LYNN O.
3.4 CITY-ST-ZIP	801 S. TAMiami TRAIL SARASOTA, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	000001771480
4.3 STREET ADDRESS	-04/08/96--01002--020
4.4 CITY-ST-ZIP	***70.00
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	ROBISON, YVETTE M.
5.4 CITY-ST-ZIP	5840 26TH ST. W. BRADENTON, FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	DOUGHTON, JAMES E
6.4 CITY-ST-ZIP	801 S. TAMiami TRAIL 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
ALEXANDER L. YOUNG **EXECUTIVE DIRECTOR** **3/18/96** **941-366-2686**

CR2E037 (12/95)