

FILE NOW: FILING FEE IS \$61.25

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Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702977 (0)**

1. Corporation Name  
**UNITED WAY OF SARASOTA COUNTY, INC.**



Principal Place of Business <b>1750 17TH ST. UNIT J-2 SARASOTA FL 34234</b>	Mailing Address <b>1750 17TH ST. UNIT J-2 SARASOTA FL 34234-8690</b>
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3. Date Incorporated or Qualified <b>10/05/1961</b>	3a. Date of Last Report <b>04/04/1996</b>
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
4. FEI Number <b>59-0737866</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>YOUNG, ALEXANDER L 1750 17TH ST., UNIT J-2 SARASOTA FL 34234</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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]* DATE: **2/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, ALEX L.</b>	1.2 NAME	
STREET ADDRESS	<b>1750 17TH ST., UNIT J-2</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<del>DP</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>FORD, EDWIN L.</del>	2.2 NAME	<b>DVP KUNK, STEPHEN E.</b>
STREET ADDRESS	<b>1549 RINGLING BOULEVARD, SUITE 600</b>	2.3 STREET ADDRESS	<b>1549 RINGLING BLVD</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>
TITLE	<del>DVP</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, LYNN O</b>	3.2 NAME	<b>LYNN O. MATTHEWS</b>
STREET ADDRESS	<b>801 S. TAMiami TRAIL</b>	3.3 STREET ADDRESS	<b>(SAME AS IN 12)</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<del>F</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>DOUGHTON, JAMES E</del>	4.2 NAME	<b>DVP C. MICHAEL COLLINS</b>
STREET ADDRESS	<b>801 S. TAMiami TRAIL</b>	4.3 STREET ADDRESS	<b>240 S. PINEAPPLE AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	<b>SARASOTA FL 34236</b>
TITLE	<del>S</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, YVETTE M</b>	5.2 NAME	<b>DVP. ROBINSON, YVETTE M.</b>
STREET ADDRESS	<b>5840 28TH ST. W.</b>	5.3 STREET ADDRESS	<b>(SAME AS IN 12)</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>LIEVENSE, Wm. C.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>5731 BEE RIDGE RD</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* DATE: **2/14/97** (941) 366-2686

CR2E037 (9/96)