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FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1750 17TH ST. UNIT J-2 SARASOTA FL 34234	Mailing Address 1750 17TH ST. UNIT J-2 SARASOTA FL 34234
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3. Date Incorporated or Qualified
10/05/1961

4. FEI Number
59-0737866

Applied For	Not Applicable
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2. Principal Place of Business 21 1445 2ND STREET	2a. Mailing Address 26 1445 2ND STREET
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24 34236	Country 25	Zip 29 34236	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1445 2ND STREET
83	
84 City	SARASOTA
85 State	FL
86 Zip Code	34236

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ALEX L.	1.2 NAME	
STREET ADDRESS	1750 17TH ST., UNIT J-2	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNK, STEPHEN E	2.2 NAME	KUNK, STEPHEN E.
STREET ADDRESS	1549 RINGLING BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN O MATTHEWS	3.2 NAME	COVERT, MICHAEL H.
STREET ADDRESS	801 S. TAMiami TRAIL	3.3 STREET ADDRESS	1700 S. TAMiami TRAIL
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	SARASOTA, FL 34239-3555
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C MICHAEL COLLINS	4.2 NAME	
STREET ADDRESS	240 S PINEAPPLE AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBISON, YVETTE M	5.2 NAME	RUSHING, KAREN E.
STREET ADDRESS	5840 28TH ST. W.	5.3 STREET ADDRESS	1445 2ND STREET
CITY - ST - ZIP	BRADENTON FL	5.4 CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEVENSE, WM C	6.2 NAME	
STREET ADDRESS	5731 BEE RIDGE RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	6.4 CITY - ST - ZIP	

14. I 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: Stephen S. Kunk Date: 3/18/98 Daytime Phone # 941 346-2686

CR2E037 (10/97)