

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90200 030 \*\*\*\*70.00

<b>DOCUMENT # 702977</b> 1. Entity Name <b>UNITED WAY OF SARASOTA COUNTY, INC.</b>					
Principal Place of Business <b>1445 2ND STREET</b> <b>SARASOTA, FL 34236 US</b>			Mailing Address <b>1445 2ND STREET</b> <b>SARASOTA, FL 34236 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02102004 Chg-NP CR2E037 (10/03)	
Zip Country		Zip Country		4. FEI Number <b>59-0737866</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>YOUNG, ALEXANDER L</b> <b>1445 2ND STREET</b> <b>SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <span style="float: right;">4/27/2005</span> <small>Signature, typed or printed name of registered agent and date of filing (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, ALEX L 1445 2ND STREET SARASOTA, FL 34236 <span style="float: right;"><input type="checkbox"/> Delete</span> <i>SAME</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MURPHY, CHARLES O 783 S. ORANGE AVE SARASOTA, FL 34236 <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD MERRIMAN, SHAUN P 1800 2ND ST SARASOTA, FL 34236 <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHN M. DART VPTD 1515 RINGLING BLVD #700 SARASOTA, FL 34236 <span style="float: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DVOSKIN, STEVE 5205 FRUITVILLE ROAD SARASOTA, FL 34234 <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STRICKLAND, CAROLINE 1858 RINGLING BLVD SARASOTA, FL 34236 <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEBRA DOUGLAS T 1445 2ND ST SARASOTA FL 34236 <span style="float: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VPTD</del> SHOEMAKER, NANCY J 1765 CHEROKEE DR SARASOTA, FL 34239 <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: <span style="float: right;">4/27/2005 (941) 366-2686</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					