## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #702977** 

## FILED Jan 22, 2007 8:00 am Secretary of State 01-22-2007 90083 021 \*\*\*\*70.00

1. Entity Name UNITED WAY OF SARASOTA COUNTY, INC.								
					400035	UЬ		
Principal Place of Business 1445 2ND STREET		Mailing Address 1445 2ND STREET			40000	00		
SARASOTA, F	'L 34236 US	SARASOTA, FL 34236	US		 	)	 	111 <b>1</b> 11 <b>1</b> 11 1 <b>11 1</b> 1
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112007 Chg	J-NP CR2E03	7 (12/06)	
City & Stat		City & State			4. FEI Number 59-0737866		-	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Stat	us Desired	8.75 Add ee Require	
6. Name and Address of Current Registered Agent				<del></del>	7. Name and Addre	ss of New Registered A	gent	
YOUNG, ALEXANDER L 1445 2ND STREET SARASOTA, FL 34236				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								
Signature, lipped or printed name of requisiered agent and title if applicable (IDOTE, Registered Agent signature required street renatating). DATE								
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Fina Trust Fund Contribution					\$5.00 May Be Added to Fees	Maķe check Florida Depart		
10.	OFFICERS AND DIF	·	11,	4	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10
TITLE NAME	D YOUNG, ALEX L	☐ Oelete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	1							
CITY-ST-ZIP	SARASOTA, FL 34236							
TITLE	DP	🔀 Delete	TULE	С			☐ Change	Addition
NAME STREET ADDRESS	DART, JOHN M				Klein			Λ
CITY-ST-ZIP	1		STREET ADDRESS CITY-ST-ZIP		5 2nd Stree asota, FL	et 34236		
TITLE	Т	Delete	TITLE	Jai	asoca, ru	34230	Change	Adoition
NAME	DOUGLAS, DEBRA		NAME					
STREET ADDRESS	1445 2ND ST		SIREET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34236		CITY - \$1 - ZIP	UC				
TITLE NAME		☐ Defele	TITLE NAME	VC Sha	aun Merriman	•	Change	Addition
STREET ADDRESS			STREET ADDRESS		5 2nd Stree	t		
CHY-ST-ZIP			CITY-ST-ZIP	Sar	asota, FL	34236		
1111.5		Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY - ST - ZIP			CITY-S1-ZIP					
TOTLE		☐ Delete	TITLE				Change	Addition
NAME STORET ADDRESS			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					ļ
12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Chapter 119, 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 path; 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 all other like empowered.								
SIGNATURE: Alexander L. Young 1-12-2007 (941)366-2686								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daylore Propre								