

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 # **703769** (0)

1. Corporation Name
UNITED WAY OF PALM BEACH COUNTY, INC.



Principal Place of Business: **2600 QUANTUM BLVD. BOYTON BEACH FL 33426 US**
Mailing Address: **P O BOX 20809 W PALM BCH FL 33416-7809**

3. Date Incorporated or Qualified: **03/19/1962**
3a. Date of Last Report: **05/23/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
2600 QUANTUM BLVD. BOYTON BEACH FL 33426 US	P O BOX 20809 W PALM BCH FL 33416-7809	59-0683258	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent	81. Name	10. Name and Address of New Registered Agent
BADESCH, SCOTT B. 2600 QUANTUM BLVD. BOYTON BEACH FL 33426		
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	85. Zip Code
		FL

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADESCH, SCOTT B.	1.2 NAME	
STREET ADDRESS	2600 QUANTUM BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYTON BEACH FL	1.4 CITY - ST - ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CHAIR ELECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECCLESTONE, JAN	2.2 NAME	JOHN FLANIGAN
STREET ADDRESS	1125 THOMAS ST	2.3 STREET ADDRESS	625 N. FLAGLER DRIVE 4TH FLOOR
CITY - ST - ZIP	DELRAY BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOBEL, ROBERT E	3.2 NAME	
STREET ADDRESS	500 E BROWARD BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIBBS, ANDREA	4.2 NAME	200001817202
STREET ADDRESS	600 FAIRWAY DRIVE, SUITE 109	4.3 STREET ADDRESS	-05/13/96--01002--000 0/2
CITY - ST - ZIP	DEERFIELD FL	4.4 CITY - ST - ZIP	***70.00
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, THOMAS C	5.2 NAME	
STREET ADDRESS	1 E BROWARD BLVD., SUITE 1700	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Thomas C. Devlin** Date: **4/23/96** Daytime Phone #: **407 681-8815**

CR2E037 (12/95)