


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90006 045 ****70.00

DOCUMENT # 703769 1. Entity Name UNITED WAY OF PALM BEACH COUNTY, INC.					
Principal Place of Business 2600 QUANTUM BLVD. BOYTON BEACH, FL 33426 US				Mailing Address 2600 QUANTUM BLVD BOYNTON BEACH, FL 33426	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0683258	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BADESCH, SCOTT B. 2600 QUANTUM BLVD. BOYTON BEACH, FL 33426				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	M	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADESCH, SCOTT B.			NAME	
STREET ADDRESS	2600 QUANTUM BLVD.			STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH, FL			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITT, ROBERT			NAME	Jenkins, Craig
STREET ADDRESS	2101 NW CORPORAE BLVD., STE 420			STREET ADDRESS	324 Datura Street, Ste 401
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACON, ROD			NAME	
STREET ADDRESS	6001 VILLAGE BLVD			STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, BRUCE			NAME	
STREET ADDRESS	120 S DIXIE HIGHWAY 205			STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/9/04 Daytime Phone # (561) 375-6608	