
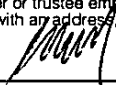


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90039 004 \*\*\*\*70.00

<b>DOCUMENT # 703769</b> 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 Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. 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>			
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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, CRAIG		NAME		
STREET ADDRESS	324 DATURA ST., STE. 401		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACON, ROD		NAME	Bregman, Howard	
STREET ADDRESS	6001 VILLAGE BLVD		STREET ADDRESS	777 South Flagler Drive Ste 310E	
CITY - ST - ZIP	WEST PALM BEACH, FL 33407		CITY - ST - ZIP	West Palm Beach, FL 33401	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, BRUCE		NAME	Woolsey, Thomas R.	
STREET ADDRESS	120 S DIXIE HIGHWAY 205		STREET ADDRESS	101 N. Clematis Street Ste 202	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		CITY - ST - ZIP	West Palm Beach, FL 33401	
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.					
<b>SIGNATURE:</b> 			Scott Badesch 1/20/05 (561) 375-6600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40003333



01122005 Chg-NP CR2E037 (10/03)