

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90106 023 ****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

60021504



02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0683258 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BADESCH, SCOTT B.
 2600 QUANTUM BLVD.
 BOYTON BEACH, FL 33426

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	BADESCH, SCOTT B.
STREET ADDRESS	2600 QUANTUM BLVD.
CITY-ST-ZIP	BOYTON BEACH, FL
TITLE	D
NAME	JENKINS, CRAIG
STREET ADDRESS	324 DATURA ST., STE. 401
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	BREGMAN, HOWARD
STREET ADDRESS	777 SOUTH FLAGLER DRIVE STE 310E
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	WOOLSEY, THOMAS R
STREET ADDRESS	101 NORTH CLEMATIS STREET STE 202
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: _____ *[Signature]* **2-25-06** **561-375-6600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #