

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90069 019 ****70.00

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| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02292008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-0683258 | |
| | | | | Applied For 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 | | |
| | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, ROBERT D | | NAME | | |
| STREET ADDRESS | 190 NW 12RTH AVE, 3RD FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | | CITY-ST-ZIP | | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARIACA, SERGIO A | | NAME | | |
| STREET ADDRESS | 505 S. FLAGLER DR, STE 1331 | | STREET ADDRESS | 8401 Lake Worth Rd., Ste 109 | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | | CITY-ST-ZIP | Lake Worth, FL. 33467 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANTWELL, ANNE E | | NAME | | |
| STREET ADDRESS | ONE NORTH FEDERAL HIGHWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | 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 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:  | | Wayne Cunningham, COO | | 3-27-08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |
| | | | | 561-375-6600 | |