

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707395 (0)

1. Corporation Name

UNITED WAY OF SOUTH SARASOTA COUNTY, INC.

Principal Place of Business

Mailing Address

220 W. TAMPA AVE.  
P. O. BOX 1542  
VENICE FL 34285-1729220 W. TAMPA AVE.  
P. O. BOX 1542  
VENICE FL 34285-1729

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified  
06/04/19643a. Date of Last Report  
02/26/1996

4. FEI Number

59-1100846

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUSKEY, MARVIN T  
220 W TAMPA AVE  
VENICE FL 34285

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Executive Director

1-16-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ADAMS, BILL  
STREET ADDRESS 1687 US BYPASS SOUTH  
CITY-ST-ZIP VENICE FL

DELETE

1.1 TITLE PD  
1.2 NAME HANCOCK, Bill  
1.3 STREET ADDRESS 200 NOKOMIS AVE  
1.4 CITY-ST-ZIP VENICE FL 34285

Change Addition

TITLE VPD  
NAME HANCOCK, BILL  
STREET ADDRESS P O BOX 618 N/A  
CITY-ST-ZIP VENICE FL

DELETE

2.1 TITLE VPD  
2.2 NAME COX KEVIN  
2.3 STREET ADDRESS 948 SHASTA DR.  
2.4 CITY-ST-ZIP FI.

Change Addition

TITLE VPD  
NAME COX, KEVIN  
STREET ADDRESS 948 SHASTA DR  
CITY-ST-ZIP VENICE FL

DELETE

3.1 TITLE VPD  
3.2 NAME STEWART GREG  
3.3 STREET ADDRESS 1617 U.S. 41 BY PASS SO.  
3.4 CITY-ST-ZIP VENICE FL 34293

Change Addition

TITLE SD  
NAME LANE, KAREN  
STREET ADDRESS 1301 U S 41 BYPASS SOUTH  
CITY-ST-ZIP VENICE FL

DELETE

4.1 TITLE SD  
4.2 NAME BURROWS, JOHN  
4.3 STREET ADDRESS 446 TAMiami TEL. S  
4.4 CITY-ST-ZIP VENICE FL 34285

Change Addition

TITLE TD  
NAME BRANNON, GARY  
STREET ADDRESS 220 W. TAMPA AVE.  
CITY-ST-ZIP VENICE FL

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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: Bill HANCOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

CH-486-4009

Daytime Phone # 0064494

CR2E037 (9/96)