

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707395

FILED
Jan 07, 2009
Secretary of State

Entity Name: UNITED WAY OF SOUTH SARASOTA COUNTY, INC.

Current Principal Place of Business:

7810 S. TAMIAMI TRAIL
SUITE A-4
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

7810 S TAMIAMI TRL
#A4
VENICE, FL 34293

New Mailing Address:

FEI Number: 59-1100846 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOSELEY, ALEX
832 GOLF DR
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONTER, MARY
Address: 1314 VENICE AVE E #19
City-St-Zip: VENICE, FL 34292

Title: VPD (X) Delete
Name: CAMPBELL, REYNOLDS
Address: 901 VENETIA BAY BLVD
City-St-Zip: VENICE, FL 34285

Title: TD () Delete
Name: ROBINSON, ERIC
Address: 2830 NORWOOD LANE
City-St-Zip: VENICE, FL

Title: SD () Delete
Name: WAMACK, WENDY
Address: 699 S. INDIANA AVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: ED () Delete
Name: BRETT, STEVE
Address: 7810 S. TAMIAMI TRAIL, A-4
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REYNOLDS, CAMPBELL
Address: 901 VENETIA BAY BLVD
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CASTELLANO, KATHY
Address: 500 U.S. 41 BYPASS NORTH
City-St-Zip: VENICE, FL 34286

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE BRETT

ED

01/07/2009

Electronic Signature of Signing Officer or Director

Date