

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710548

FILED
Jan 16, 2007
Secretary of State

Entity Name: UNITED WAY OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

17831 MURDOCK CIRCLE
SUITE B
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

17831 MURDOCK CIRCLE
SUITE B
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 59-1149995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLENN, CECY C CEO
17831 MURDOCK CIRCLE
SUITE B
PORT CHARLOTTE, FL 33948 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: SM () Delete
Name: GLENN, CECY C
Address: 17831 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: FITZGERALD, DEBORAH
Address: 1121 BAL HARBOR
City-St-Zip: PUNTA GORDA, FL 33950

Title: P () Delete
Name: THOMSON, JIM
Address: 25550 HARBORVIEW ROAD, UNIT 2
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: ALLEGRETTI, VIRGINIA
Address: 21175 OLEAN BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: WISHARD, BILL
Address: 23081 HARBORVIEW RD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: V () Delete
Name: LAND, PATRICIA
Address: 24300 AIRPORT RD
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: LAND, PATRICIA
Address: 24300 AIRPORT ROAD
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change () Addition
Name: THOMSON, JIM
Address: 25550 HARBORVIEW ROAD, UNIT 2
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: V (X) Change () Addition
Name: SILVERBERG, KATHY
Address: 1617 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T (X) Change () Addition
Name: THOMAS, RON
Address: POST OFFICE BOX 496088
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: V (X) Change () Addition
Name: GAYLER, DAVID
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the 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: CECY C. GLENN

SM

01/16/2007

Electronic Signature of Signing Officer or Director

Date