

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90015 016 ****61.25

DOCUMENT # 711452

1. Entity Name
UNITED WAY OF LAKE AND SUMTER COUNTIES, INC.

Principal Place of Business
**515 WEST MAIN STREET
 LEESBURG, FL 34748 US**

Mailing Address
**515 WEST MAIN STREET
 LEESBURG, FL 34748 US**

24079234



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07282004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1143758

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**P. SHANNON ELSWICK
 515 WEST MAIN STREET
 LEESBURG, FL 34748**

7. Name and Address of New Registered Agent
 Name **John Provance**
 Street Address (P.O. Box Number is Not Acceptable)
515 West Main Street
 City **Leesburg FL** Zip Code **34748**

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 _____
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ELSWICK, SHANNON	
STREET ADDRESS 1414 KUHN AVENUE	
CITY-ST-ZIP ORLANDO, FL 32826	
TITLE D	<input type="checkbox"/> Delete
NAME WHITE, BRAD	
STREET ADDRESS 900 N 14TH ST.	
CITY-ST-ZIP LEESBURG, FL 32748	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME LINGREN, RICHARD	
STREET ADDRESS 201 W. BURLIEGH BLVD.	
CITY-ST-ZIP TAVARES, FL 32778	
TITLE P	<input type="checkbox"/> Delete
NAME PROVANCE, J L	
STREET ADDRESS 734 N 3 ST, STE 419	
CITY-ST-ZIP LEESBURG, FL 34748	
TITLE D	<input type="checkbox"/> Delete
NAME NICHOLS, DALE	
STREET ADDRESS PO BOX 301	
CITY-ST-ZIP SUMTERVILLE, FL 33585	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME BARTHOLOMEW, JAY	
STREET ADDRESS 715 W. OAK TERRACE	
CITY-ST-ZIP LEESBURG, FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Chair-elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Longacre, Leslie	
STREET ADDRESS 1099 Citrus Tower Blvd.	
CITY-ST-ZIP Clermont, FL 34711	
TITLE Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME White, Brad	
STREET ADDRESS 900 North 14th St.	
CITY-ST-ZIP Leesburg, FL 34748	
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Judge, Jim	
STREET ADDRESS 2671 West Old Highway 441	
CITY-ST-ZIP Mount Dora, FL 32757	
TITLE President/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Provance, John	
STREET ADDRESS 515 West Main St	
CITY-ST-ZIP Leesburg, FL 34748	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/6/04** Daytime Phone # **(352) 787-7530**