


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 711452 1. Entity Name UNITED WAY OF LAKE AND SUMTER COUNTIES, INC.	
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Principal Place of Business 515 WEST MAIN STREET LEESBURG, FL 34748 US	Mailing Address 515 WEST MAIN STREET LEESBURG, FL 34748 US
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1143758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PROVANCE, JOHN 515 WEST MAIN STREET LEESBURG, FL 34748

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELSWICK, SHANNON 1414 KUHN AVENUE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WHITE, BRAD 900 N 14TH ST. LEESBURG, FL 32748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LONGACRE, LESLIE 1099 CITRUS TOWER BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PROVANCE, JOHN 515 WEST MAIN ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, DALE PO BOX 301 SUMTERVILLE, FL 33585
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUDGE, JIM 2871 WEST OLD HWY 441 LEESBURG, FL 34748

1100000200223
01/28/05-80018-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____