
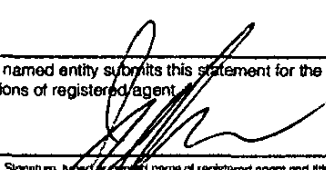
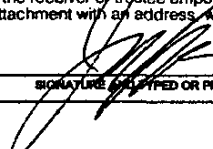


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90011 027 ****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 | |
| 2. Principal Place of Business 320 W. Oak Terrace Dr. | | 3. Mailing Address 320 W. Oak Terrace Dr. | |
| Suite, Apt. #, etc. Suite 106 | | Suite, Apt. #, etc. Suite 106 | |
| City & State Leesburg, Fl | | City & State Leesburg, Fl | |
| Zip 34748 | Country USA | Zip 34748 | Country USA |
| 4. FEI Number 59-1143758 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PROVANCE, JOHN 515 WEST MAIN STREET LEESBURG, FL 34748 | | Name Street Address (P.O. Box Number is Not Acceptable) 320 W. Oak Terrace Dr. Suite 106 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  | | DATE 1/26/06 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELSWICK, SHANNON 1414 KUHN AVENUE ORLANDO, FL 32826 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C WHITE, BRAD 900 N 14TH ST. LEESBURG, FL 32748 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C LONGACRE, LESLIE 1099 CITRUS TOWER BLVD CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO PROVANCE, JOHN 515 WEST MAIN ST LEESBURG, FL 34748 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NICHOLS, DALE PO BOX 301 SUMTERVILLE, FL 33585 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JUDGE, JIM 2671 WEST OLD HWY 441 LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Kay McCoy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1017S. Main St. Wildwood, Fl 34785 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 199, Florida Statutes. 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:  | | John Provance 1/26/06 (352) 787-7530 | |
| SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |