

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90042 003 \*\*\*\*61.25

<b>DOCUMENT # 711452</b> 1. Entity Name <b>UNITED WAY OF LAKE AND SUMTER COUNTIES, INC.</b>					
Principal Place of Business <b>320 W. OAKS TERR. DR. STE 106 LEESBURG, FL 34748 US</b>			Mailing Address <b>320 W. OAKS TERR. DR. STE 106 LEESBURG, FL 34748 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1143758</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PROVANCE, JOHN 320 W. OAK TERR. DR. STE 106 LEESBURG, FL 34748</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<b>D</b>	<b>ELSWICK, SHANNON</b>	<b>1414 KUHN AVENUE ORLANDO, FL 32826</b>		<b>Director</b>
	<input checked="" type="checkbox"/>				<b>Jim Judge</b>
					<b>2761 W. old Hwy 441 Mt. Dora, FL 32757</b>
	<b>C</b>	<b>WHITE, BRAD</b>	<b>900 N 14TH ST. LEESBURG, FL 32748</b>		<b>Chair - Elect</b>
	<input checked="" type="checkbox"/>				<b>Greg Nelson</b>
					<b>2709 Bay St. Eustis, FL 32726</b>
	<b>C</b>	<b>LONGACRE, LESLIE</b>	<b>1099 CITRUS TOWER BLVD CLERMONT, FL 34711</b>		
	<input type="checkbox"/>				
	<b>PCEO</b>	<b>PROVANCE, JOHN</b>	<b>515 WEST MAIN ST LEESBURG, FL 34748</b>		<b>President/CEO</b>
	<input type="checkbox"/>				<b>Provance, John</b>
					<b>320 W. Oak Terrace Dr. Ste 106 Leesburg, FL 34748</b>
	<b>D</b>	<b>NICHOLS, DALE</b>	<b>PO BOX 301 SUMTERVILLE, FL 33585</b>		<b>Treasurer</b>
	<input checked="" type="checkbox"/>				<b>Lindren, Richard</b>
					<b>803S Lakeside Dr. Yalaha, FL 34797</b>
	<b>S</b>	<b>MCCOY, KAY</b>	<b>1017 S. MAIN ST LEESBURG, FL 34748</b>		<b>Secretary</b>
	<input type="checkbox"/>				<b>Mccoy, Kay</b>
					<b>1017 S Main St. Wildwood, FL 34785</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>1/22/07 (352) 787-7530</b> <small>Date Daytime Phone #</small>	