

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756769** (6)

1. Corporation Name

UNITED WAY OF MONROE COUNTY, INC.

Principal Place of Business

Mailing Address

**1019 FLAGLER AVENUE
POST OFFICE BOX 1616
KEY WEST FL 33040**

**1019 FLAGLER AVENUE
POST OFFICE BOX 1616
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1981

3a. Date of Last Report

01/26/1994

4. FEI Number

59-1288630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

PO Box 1616

26

Suite, Apt. #, etc.

27

City & State

28

Key West, FL

29

Zip

Country

30

33041-1616

USA

9. Name and Address of Current Registered Agent

**BLCHUK, PETER K
1019 FLAGLER AVE.
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SOOS, BOB

1019 FLAGLER AVE

SUMMERLAND KEY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

WILLIAMS, JERRY

12640 OVERSEAS HWY

MARATHON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

HENDRICK, JAMES

317 WHITEHEAD STR

KEY WEST FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

CAREY, JAMES

1110 WHITE STR

KEY WEST FL

**DELETE THIS
NAME**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

BRADFORD, CHARLES

510 SOUTHARD STR

KEY WEST FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ZUELCH, KIRK C

302 FLEMING ST

KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Director

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Director

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Director

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**John Dolan-Heitlinger
E/o Keys Fed. Cr. Union, Peary Ct.
Key West, FL 33040**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. BRADFORD, JR. TREASURER

4-14-95

305-292-3808

Daytime Phone #