

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90015 044 \*\*\*\*61.25

60004831



01112007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N00000005513</b>					
1. Entity Name THE FOUNDATION OF THE UNITED WAY OF SOUTH SARASOTA COUNTY, INC.					
Principal Place of Business 7810 S TAMiami, STE A4 VENICE, FL 34293			Mailing Address 7810 S TAMiami, STE A4 VENICE, FL 34293		
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 65-1071316	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			7. Name and Address of New Registered Agent		
BETTERTON, GREG A 981 RIDGEWOOD AVE, STE 101 VENICE, FL 34292			Name <u>DAVID PIERCE</u> Street Address (P.O. Box Number is Not Acceptable) <u>597 TAMiami TRAIL S</u> City <u>VENICE</u> FL <u>34285</u>		
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 <u>David Pierce</u> <u>DAVID PIERCE</u> 1.19.2007 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	DT MACKENZIE, MICHAEL 7810 S TAMiami, STE A4 VENICE, FL 34293 <input checked="" 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 MORAWA, VALERIE 7810 S TAMiami, STE A4 VENICE, FL 34293 <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	DVP BETTERTON, GREG A 981 RIDGEWOOD AVE #101 VENICE, FL 34292 <input checked="" 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	E.D BRETT, STEVE 7810 S. TAMiami TRAIL, A-4 VENICE, FL 34293 <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	DP MOSELEY, ALEX 710 COMMERCE DR., UNIT 107 VENICE, FL 34292 <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 CORNSIH, DAVID 355 W VENICE AVE. VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>STEVE BRETT</u> 1.19.2007 941-408-0595 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

60004831  
Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

N00000005513

Business Entity Name

THE FOUNDATION OF THE UNITED WAY OF SOUTH SARASOTA COUNTY,  
INC.

FEI Number

651071316

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

7810 S TAMIAMI, STE A4

Suite, Apt. #, etc.

City, State

VENICE

FL

Zip Code &amp; Country

34293

## Mailing Address

Address

7810 S TAMIAMI, STE A4

Suite, Apt. #, etc.

City, State

VENICE

FL

Zip Code &amp; Country

34293

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

PIERCE

DAVIS

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 597 TAMIAMI TRAIL SOUTH

Suite, Apt. #, etc.

City, State

VENICE

FL

Zip Code &amp; Country

34285

US

If there is a change in registered agent, the new agent will need to type their name  
in the 'Registered Agent Signature' block below to accept the designation of

100004831  
#N00000005513

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature** DAVID PIERCE

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DT  
Name (Last, First, Middle, Title) MACKENZIE, MICHAEL, ,

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address 7810 S TAMIAMI, STE A4  
City, State VENICE, FL  
Zip Code & Country 34293

Title D  
Name (Last, First, Middle, Title) MORAWA, VALERIE, ,

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address 7810 S TAMIAMI, STE A4  
City, State VENICE, FL  
Zip Code & Country 34293

Title P  
Name (Last, First, Middle, Title) PIERCE, DAVID, ,

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address 7810 S TAMIAMI TRAIL, A-4  
City, State VENICE, FL  
Zip Code & Country 34293

60004831  
# N00000005513

Title E.D.  
Name (Last, First, Middle, Title) BRETT STEVE

- OR -

Entity Name to serve as Officer/Director

Street Address 7810 S. TAMIAMI TRAIL, A-4

City, State VENICE FL

Zip Code & Country 34293

Title DP  
Name (Last, First, Middle, Title) MOSELEY ALEX

- OR -

Entity Name to serve as Officer/Director

Street Address 710 COMMERCE DR., UNIT 107

City, State VENICE FL

Zip Code & Country 34292

Title D  
Name (Last, First, Middle, Title) CORNSIH DAVID

- OR -

Entity Name to serve as Officer/Director

Street Address 355 W VENICE AVE.

City, State VENICE FL

Zip Code & Country 34285

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title ED  
Officer/Director Signature STEVE BRETT

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

ATTACHMENT

60004831

# N0000000 5513

Start Over

---

**Sunbiz Home Page**

**Annual Report Help**