2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # NOODOOFE42 ~215

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

01-23-2007 90015 044 ****61 25

1. Entity Name THE FOU	VIENT # NOUOUUUU: NDATION OF THE UNITEI TA COUNTY, INC.		OF SOUTH	į			01 23 2007	J0015 0 1		.23	
7810 S TAMIAMI, STE A4 781			Mailing Address 7810 S TAMIAMI, STE A4 VENICE, FL 34293				60004831				
2. Principal Place of Business - No P.O. Box # 3. N			3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			01112007	01112007 Chg-NP CR2E037 (12/06)				
City & State		City	City & State			4. FEI Number 65-1071	 316			plied For	
Zip	Country	Zip		Coun	itry	5. Certificate of Status Desired		\$8.75 Additional			
	6. Name and Address of Current	Registered	Agent			7. Name and A	ddress of New	Registered A	gent		
	ON, GREG A EWOOD AVE, STE 101			-	Name L	SS (E.O. Box Number	is Not Assessed				
VENICE, F				_	211661 YOUR	77 Tami		1201L	_S_		
	-				City VE	MICE		FL	Zip Code	285	
	named entity submits this statement folions of registered agent.	or the purpo	ose of changing its	registere	d office or regis	stered agent, or both	, in the State of F	lorida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	L and title if appli	DRUS P	EQUE F: Begistered	Agent signature reg	juired when reinstating)		1.19.	200	<u>'フ</u>	
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	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Car Trust Fund C	mpaign Fir	nancing	\$5.00 May Be Added to Fees		Make check orida Depart			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Desymme Phone #



ATTACHMENT 6004831

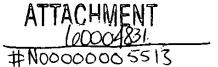
N.Sulfiziong	ivision of Corporations
	Annual Report
	Annual Report Help
THE FOUNDATION OF	Document Number N00000005513 Business Entity Name THE UNITED WAY OF SOUTH SARASOTA COUNTY, INC.
FEI Number	651071316
FEI Number Status	€ Listed Above ← Applied For ← Not Applicable
Certificate of Status Desired	C Yes © No \$8.75 each
	Fund Contribution C Yes © No
	Principal Place of Business
Address	7810 S TAMIAMI, STE A4
Suite, Apt. #, etc	:.
City. State	VENICE , FL
Zip Code & Cou	<u></u>
	Mailing Address
Address	7810 S TAMIAMI, STE A4
Suite, Apt. #, etc	
City, State	VENICE FL
Zip Code & Cou	<u>-</u>
Name	and Address of Registered Agent
Name (Last, First, Middle, Titl	e) PIERCE DAVIS
- OR -	
Business to serve as RA	
Address (PO Box is not accep	table) 597 TAMIAMI TRAIL SOUTH
Suite, Apt. #, etc.	
City. State	VENICE , FL

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

US

34285

Zip Code & Country



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
Zin Code & Country	34293

Division	n of Corporations	ATTACHMENT	Page 3 of 4
• ` • .		# N0000005513	
•	Title	E.D	
	Name (Last, First, Middle, Title) -OR-	BRETT ,STEVE ,, ,	
	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	
	entity named above m Signature' block belov block. Title	above or an individual signing on behalf of an nust type their name in the 'Officer/Director w. A corporate name is not allowed in this	
	Officer/Director Sign	ature 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.

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Annual Report Help