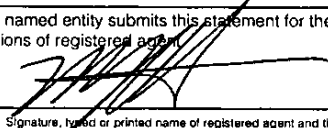
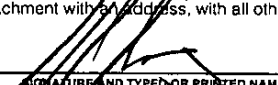


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90239 001 \*\*\*\*61.25  
05-18-2005 90239 002 \*\*\*\*\*8.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                     |                                                                                                                                                                                                                           |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N03000006804</b><br>1. Entity Name<br><b>UNITED WAY 2-1-1 OF MANASOTA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                     |                                                                                                                                                                                                                           |                |  |
| Principal Place of Business<br><b>1445 2ND ST<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                                     | Mailing Address<br><b>1445 2ND ST<br/>SARASOTA, FL 34236</b>                                                                                                                                                              |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | 3. Mailing Address                                                                                                  |                                                                                                                                                                                                                           |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                                                                                           |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | City & State                                                                                                        |                                                                                                                                                                                                                           | 4. FEI Number<br><b>20-0262358</b>                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Country                                                                                                             |                                                                                                                                                                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Applied For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | Not Applicable                                                                                                      |                                                                                                                                                                                                                           |                                                                                                 |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GRIMES, MICHELE B<br/>200 S ORANGE AVE<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>Michael J. Wilson</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>200 South Orange Avenue</b><br>City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b> |                                                                                                 |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                                     |                                                                                                                                                                                                                           | DATE <b>5/12/05</b>                                                                             |  |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</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<br/>Florida Department of State</b>                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                     |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C/D                   | <input type="checkbox"/> Delete                                                                                     | TITLE                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MCBEAN, ROY           |                                                                                                                     | NAME                                                                                                                                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2097 WASATCH DR.      |                                                                                                                     | STREET ADDRESS                                                                                                                                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SARASOTA, FL 34235    |                                                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VC/D                  | <input type="checkbox"/> Delete                                                                                     | TITLE                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NASH, JOHN S          |                                                                                                                     | NAME                                                                                                                                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4804 1ST AVE. DR. NW  |                                                                                                                     | STREET ADDRESS                                                                                                                                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BRADENTON, FL 34209   |                                                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T/D                   | <input type="checkbox"/> Delete                                                                                     | TITLE                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | KOONTZ, GERARD F SR.  |                                                                                                                     | NAME                                                                                                                                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5812 9TH AVE. DR. W.  |                                                                                                                     | STREET ADDRESS                                                                                                                                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BRADENTON, FL 34209   |                                                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S/D                   | <input type="checkbox"/> Delete                                                                                     | TITLE                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YOUNG, ALEXANDER L    |                                                                                                                     | NAME                                                                                                                                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1655 SPRING CREEK DR. |                                                                                                                     | STREET ADDRESS                                                                                                                                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SARASOTA, FL 34239    |                                                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | <input type="checkbox"/> Delete                                                                                     | TITLE                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                     | NAME                                                                                                                                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                                                     | STREET ADDRESS                                                                                                                                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                               |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | <input type="checkbox"/> Delete                                                                                     | TITLE                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                     | NAME                                                                                                                                                                                                                      |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                                                     | STREET ADDRESS                                                                                                                                                                                                            |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                               |                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Alberto Suarez - Executive Director</b> <b>5/12/05</b> <b>941-345-5804</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                     |                                                                                                                                                                                                                           |                                                                                                 |  |