

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90083 028 ****61.25

DOCUMENT # N07054 1. Entity Name LAKE AND SUMTER COUNTIES UNITED WAY FOUNDATION, INC.					
Principal Place of Business 320 OAK TERR DR SUITE 106 LEESBURG, FL 34748 US			Mailing Address 320 OAK TERR DR SUITE 106 LEESBURG, FL 34748 US		
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 59-2520099 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROVANCE, J L 320 W OAK TERR DR SUITE 106 LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-registering)</small> <div style="text-align: right;"><small>DATE</small></div>					
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	C WHITE, BRAD 900 NORTH 14TH ST LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair - Elect Greg Nelson 2201 Bay St FORTIS, FL 32706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PROVANCE, JOHN 515 W. MAIN ST. LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO John Provance 320 W. Oak Terrace Dr Ste 106 Leesburg, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE LONGACRE, LESLIE 1099 CITRUS TOWER BLVD CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Leslie Longacre Same address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCOY, KAY 1017 S MAIN ST WILDWOOD, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, CATHERINE PO BOX 7800 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jim Judge 2761 W. Old Hwy 441 Mt. Dora, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, DALE P.O. BOX 301 SUMTERVILLE, FL 33585	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Richard Lindgren 8035 Lakeside Dr. Valaha, FL 34797	
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: _____ <small>Signature and typed or printed name of signing officer or director</small> <div style="text-align: right; margin-top: 20px;"> Date: 1/17/07 Daytime Phone # </div>					