

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07054

FILED
Feb 09, 2009
Secretary of State

Entity Name: LAKE AND SUMTER COUNTIES UNITED WAY FOUNDATION, INC.

Current Principal Place of Business:

320 OAK TERR DR
SUITE 106
LEESBURG, FL 34748 US

New Principal Place of Business:

118 WEST MEADOW ST.
LEESBURG, FL 34748 US

Current Mailing Address:

320 OAK TERR DR
SUITE 106
LEESBURG, FL 34748 US

New Mailing Address:

PO BOX 490720
LEESBURG, FL 34749 US

FEI Number: 59-2520099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROVANCE, J L
320 W OAK TERR DR
SUITE 106
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

PROVANCE, JOHN L
118 WEST MEADOW ST
LEESBURG, FL 34748 US

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.

SIGNATURE: JOHN PROVANCE

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: NELSON, GREG
Address: 2701 BAY ST
City-St-Zip: EUSTIS, FL 32726

Title: PCEO () Delete
Name: PROVANCE, JOHN
Address: 320 W OAK TERR DR STE. 106
City-St-Zip: LEESBURG, FL 34748

Title: C () Delete
Name: LONGACRE, LESLIE
Address: 1099 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: O'TOOLE, MARLENE
Address: 1108 GRIFFIN ROAD
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: JUDGE, JIM
Address: 2761 W OLD HWY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: LINDGREN, RICHARD
Address: 8035 LAKESIDE DR.
City-St-Zip: YALAHUA, FL 34797

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCEO (X) Change () Addition
Name: PROVANCE, JOHN
Address: 118 WEST MEADOW ST
City-St-Zip: LEESBURG, FL 34748

Title: PC (X) Change () Addition
Name: LONGACRE, LESLIE
Address: 1099 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: QUATTLEBAUM, BRENDA
Address: PO BOX
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PROVANCE

PCEO

02/09/2009

Electronic Signature of Signing Officer or Director

Date