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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -? AM 9:11
[illegible] FLORIDA

DOCUMENT # N16587 (0)

1. Corporation Name
THE UNITED WAY ROTUNDA FOUNDATION, INC.

Principal Place of Business	Mailing Address
P O BOX 20809 310 OKACHOBBE BLVD WEST PALM BEACH FL 33416-7809	P O BOX 20809 310 OKACHOBBE BLVD WEST PALM BEACH FL 33416-7809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1986	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2718189	Applied For / Not Applicable

2. Principal Place of Business: 21 2600 QUANTUM BLVD	2a. Mailing Address: 26 P.O. BOX 20809
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 BOYTON BEACH FL	City & State 28 WEST PALM BEACH, FL
Zip 24 33426 / Country 25 PALM BCH	Zip 29 33416 / Country 30 PALM BCH

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LINSTROTH, JOHN P. 310 OKEECHOBEE BLVD. WEST PALM BEACH FL 33401	81 Name: AHERN, ROBERT W. 82 Street Address (P.O. Box Number is Not Acceptable): 2600 QUANTUM BLVD 83 84 City: BOYTON BEACH FL 85 Zip Code: 33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Robert Ahern (signature) 5-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1 TITLE	PD [X] Change [ ] Addition
NAME	LINSTROTH, JOHN P.	1 NAME	BELLIS, ARTHUR P.
STREET ADDRESS	3539 S.W. CORPORATE PK W	1 STREET ADDRESS	2255GLADES ROAD #110E
CITY ST ZIP	PALM CITY FL	1 CITY ST ZIP	BOCA RATON, FL 33431
TITLE	VD	2 TITLE	[ ] Change [ ] Addition
NAME	MOFFETT, THEODORE R.	2 NAME	
STREET ADDRESS	5200 N DIXIE HWY #2505	2 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	2 CITY ST ZIP	
TITLE	SD	3 TITLE	STD [X] Change [ ] Addition
NAME	FLANIGAN, JOHN F.	3 NAME	FLANIGAN, JOHN F.
STREET ADDRESS	625 N. FLAGLER DR.	3 STREET ADDRESS	625 N. FLAGLER DR.
CITY ST ZIP	W. PALM BEACH FL	3 CITY ST ZIP	W. PALM BEACH, FL.
TITLE	TD	4 TITLE	D [X] Change [ ] Addition
NAME	KEY, WADE	4 NAME	KEY, WADE
STREET ADDRESS	235 MERRIAN RD.	4 STREET ADDRESS	235 MERRIAN RD.
CITY ST ZIP	PALM BEACH FL	4 CITY ST ZIP	PALM BEACH, FL.
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (signature) Secretary 5/15/95 (407)659-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John F. Flanigan

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