

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707160 (8)

1. Corporation Name

UNITED WAY OF ALACHUA COUNTY, INC.

Principal Place of Business

Mailing Address

3501 S.W. 2ND AVE., SUITE 2300
P O BOX 938
GAINESVILLE FL 32602-0938

3501 S.W. 2ND AVE., SUITE 2300
P O BOX 938
GAINESVILLE FL 32602-0938



3. Date Incorporated or Qualified
04/15/1964

3a. Date of Last Report
02/13/1995

2. Principal Place of Business
21 5200-A W. Newberry Road
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 938
Suite, Apt. #, etc.

4. FEI Number
59-0808855

Applied For
Not Applicable

22 City & State
23 Gainesville, Florida

27 City & State
28 Gainesville, Florida

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country
32607-6104 USA

29 Zip Country
32602 USA

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

REARDON, STEVEN E.
3501 S.W. 2ND AVE. 5200-A W. Newberry Road
SUITE 2300
GAINESVILLE FL 32607-6104

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SHORE, MELANIE
STREET ADDRESS 2627 NW 42 RD STREET
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PD
1.3 STREET ADDRESS Vodanovich, C. V.
1.4 CITY-ST-ZIP P.O. Box 1112
Gainesville, FL, 32602

TITLE VD ☐ DELETE
NAME VODANOVICH, C V
STREET ADDRESS P O BOX 1112
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VD
2.3 STREET ADDRESS Ellis, Larry T.
2.4 CITY-ST-ZIP UF, Elmore Hall/Radio Rd., Room 102
Gainesville, FL 32611

TITLE STD ☐ DELETE
NAME SHAAK, GRAIG D
STREET ADDRESS 228A MUSEUM
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Agency Relations Chair ☐ Change ☒ Addition
4.2 NAME Page, Robert
4.3 STREET ADDRESS 4830 NW 43rd Street, #K-164
4.4 CITY-ST-ZIP Gainesville, FL 32606

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: Steven E. Reardon

2/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)