

**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**

24 **32607-6104**      25 **USA**

29 **32602**      30 **USA**

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

24 **32607-6104**      25 **USA**

29 **32602**      30 **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** 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 SHORE, MELANIE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2627 NW 42 RD STREET	1.2 NAME	Vodanovich, C. V.
STREET ADDRESS	GAINESVILLE FL	1.3 STREET ADDRESS	P.O. Box 1112
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Gainesville, FL, 32602
TITLE	VD VODANOVICH, C V	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P O BOX 1112	2.2 NAME	Ellis, Larry T.
STREET ADDRESS	GAINESVILLE FL	2.3 STREET ADDRESS	UF, Elmore Hall/Radio Rd., Room 102
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Gainesville, FL 32611
TITLE	STD SHAAK, GRAIG D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	228A MUSEUM	3.2 NAME	
STREET ADDRESS	GAINESVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Agency Relations Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Page, Robert
STREET ADDRESS		4.3 STREET ADDRESS	4830 NW 43rd Street, #K-164
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* Steven E. Reardon

2/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day: Year Phone #

CR2E037 (12/95)