

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707160** (8)

1. Corporation Name

UNITED WAY OF ALACHUA COUNTY, INC.



Principal Place of Business 5200-A W. NEWBERRY ROAD GAINESVILLE FL 32607-6104 US	Mailing Address P.O. BOX 938 GAINESVILLE FL 32602-0938 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1964	3a. Date of Last Report 02/21/1996
21		26	5200-A W. NEWBERRY ROAD	4. FEI Number 59-0808855	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28	GAINESVILLE FL		
Zip	Country	Zip	Country		
24	32607-2183	29	32607-2183	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REARDON, STEVEN E.
5200-A W. NEWBERRY ROAD
GAINESVILLE FL 32607**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VODANOVICH, C.V. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, LARRY T.	1.2 NAME	ELLIS, LARRY T.
STREET ADDRESS	P.O. BOX 1112	1.3 STREET ADDRESS	UT, ELMORE HALL/RADIO ROAD ROOM 102
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL.
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, LARRY T.	2.2 NAME	VAN NORTWICK, TERRY
STREET ADDRESS	UF, ELMORE HALL/RADIO ROAD ROOM 102	2.3 STREET ADDRESS	2826 NG 19 DR.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL.
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAAK, GRAIG D	3.2 NAME	
STREET ADDRESS	228A MUSEUM	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	ARC <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, ROBERT	4.2 NAME	
STREET ADDRESS	4830 NW 43RD STREET #K-164	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(j), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97
Date

Daytime Phone #0010677

CR2E037 (9/96)