

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US	Mailing Address 5200 -A W. NEWBERRY RD GAINESVILLE FL 32602 US
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3. Date Incorporated or Qualified 04/15/1964	
4. FEI Number 59-0808855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6031 N.W. 1st. Place	2a. Mailing Address 26 6031 N.W. 1st. Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gainesville, Florida	City & State 28 Gainesville, Florida
Zip 24 32607-2025	Country 25 USA
Zip 29 32607-2025	Country 30 USA

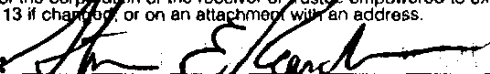
9. Name and Address of Current Registered Agent REARDON, STEVEN E. 5200-A W. NEWBERRY ROAD GAINESVILLE FL 32607	10. Name and Address of New Registered Agent 81 Name Steven E. Reardon 82 Street Address (P.O. Box Number is Not Acceptable) 6031 N.W. 1st Place 83 84 City Gainesville FL 85 Zip Code 32607
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ELLIS LARRY T	1.1 TITLE PD	1.1 NAME Terry Van Nortwick
STREET ADDRESS UF UF ELMORE HALL/ RADIO RD ROOM 102	CITY-ST-ZIP GAINESVILLE FL	1.2 NAME 2826 N.E. 19th Drive	1.2 STREET ADDRESS Gainesville FL 32609
TITLE VD	NAME VAN NORTWICK TERRY	2.1 TITLE VD	2.1 NAME Larry W. Tyree
STREET ADDRESS 2828 NE 19TH DR	CITY-ST-ZIP GAINESVILLE FL	2.2 NAME 3000 N.W. 83rd Street	2.2 STREET ADDRESS Gainesville FL 32606
TITLE STD	NAME SHAAK, GRAIG D	3.1 TITLE STD	3.1 NAME Pat polopolus
STREET ADDRESS 228A MUSEUM	CITY-ST-ZIP GAINESVILLE FL	3.2 NAME 4141 N.W. 37th Place	3.2 STREET ADDRESS Gainesville FL 32606
TITLE D	NAME PAGE, ROBERT	4.1 TITLE	4.1 NAME
STREET ADDRESS 4830 NW 43RD STREET #K-164	CITY-ST-ZIP GAINESVILLE FL	4.2 NAME	4.2 STREET ADDRESS
TITLE	NAME	5.1 TITLE	5.1 NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.2 STREET ADDRESS
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.2 STREET ADDRESS
TITLE	NAME	6.3 STREET ADDRESS	6.3 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Reardon** 3/31/98 352-331-2800

CP2E037 (10/97)