


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90033 005 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707160**

1. Corporation Name

**UNITED WAY OF ALACHUA COUNTY, INC.**

Principal Place of Business

6031 N.W. 1ST PLACE  
GAINESVILLE FL 32607-025  
US

Mailing Address

60310 N.W. 1ST PLACE  
GAINESVILLE FL 32607-025  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32607-2025	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 32607-2025	3. Date Incorporated or Qualified 04/15/1964 4. FEI Number 59-0808855 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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Applied For  
Not Applicable  
\$8.75 Additional Fee Required  
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

REARDON, STEVEN E.  
6031 N.W. 1ST PLACE  
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTWICK, TERRY VAN	1.2 NAME	
STREET ADDRESS	2826 N.E. 19TH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYREE, LARRY W	2.2 NAME	Tyree, Larry W
STREET ADDRESS	3000 N.W. 83RD STREET	2.3 STREET ADDRESS	3000 NW 83rd St.
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLOPOLUS, PAT	3.2 NAME	
STREET ADDRESS	4141 N.W. 37TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input 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		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Phillips, Winfred M.
STREET ADDRESS		5.3 STREET ADDRESS	University of Florida
CITY-ST-ZIP		5.4 CITY-ST-ZIP	300 Weil Hall
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Gainesville FL 32611
STREET ADDRESS		6.3 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 in an attachment with an address, with all other like empowered.

SIGNATURE:  Steven E. Reardon 3/15/99 352-331-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)