

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707160

FILED
Jan 19, 2007
Secretary of State

Entity Name: UNITED WAY OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6031 N.W. 1ST PLACE
GAINESVILLE, FL 326072025

New Principal Place of Business:

Current Mailing Address:

6031 N.W. 1ST PLACE
GAINESVILLE, FL 326072025

New Mailing Address:

FEI Number: 59-0808855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRICKLEMYER, KAREN G
6031 N.W. 1ST PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOUGHTON, JAMES
Address: PO BOX 147147
City-St-Zip: GAINESVILLE, FL 326147147

Title: D () Delete
Name: DOERR, BEN I
Address: POB 1616
City-St-Zip: GAINESVILLE, FL 32602

Title: D () Delete
Name: GIES, DENNY
Address: 1200 NE 55TH BLVD.
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: MALLINI, TOM
Address: M & S BANK, PO BOX 5278
City-St-Zip: GAINESVILLE, FL 326025278

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DANIELS, ROLAND
Address: 3737 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN G. BRICKLEMYER

CEO

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date