

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720484** (5)

1. Corporation Name

HEART OF FLORIDA UNITED WAY, INC.



Principal Place of Business

Mailing Address

1751 GRACE HOPPER AVE
BUILDING 2006
ORLANDO FL 32814-0636
US

P O BOX 140636
ORLANDO FL 32814-0636
US

3. Date Incorporated or Qualified

3a. Date of Last Report

03/12/1971

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-0808854

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

DYMOND
DYMON, WILLIAM T JR
215 N EOLA DR
ORLANDO FL 32802

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

TITLE	DPC	<input checked="" type="checkbox"/> DELETE
NAME	NUNIS, RICHARD A	
STREET ADDRESS	1751 GRACE HOPPER AVE., B 2006	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NORVELL, LAWRENCE J	
STREET ADDRESS	200 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOEPNER, THEODORE J.	
STREET ADDRESS	200 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAVA, JOHN M	
STREET ADDRESS	1751 GRACE HOPPER AVE., B 2006	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WERNER, THOMAS L	
STREET ADDRESS	1751 GRACE HOPPER AVE., V 2006	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HEAD, NAPOLEON	
STREET ADDRESS	1751 GRACE HOPPER AVE., B 2006	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Yochum, Tom	
13 STREET ADDRESS	390 N Orange Ave STE 900	
14 CITY-ST-ZIP	Orlando, FL	
21 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Quail, Brian T.	
23 STREET ADDRESS	1751 Grace Hopper Ave, B-2006	
24 CITY-ST-ZIP	Orlando, FL 32814-0636	
31 TITLE	CCD (Campaign Chair/Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Medlin, Ken	
33 STREET ADDRESS	1751 Grace Hopper Ave., B2006	
34 CITY-ST-ZIP	Orlando, FL 32814-0636	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

Brian T. Quail

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

407-897-6677

Daytime Phone #

CR2E037 (12/95)