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Jun 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 PO BOX 140636
BUILDING 2006 ORLANDO FL 32814-0636
ORLANDO FL 32814-0636

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 3/12/71	3a. Date of Last Report 5/1/96
4. FEI Number 59-0808854	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DYMOND, WILLIAM T. JR.
215 N EOLA DR
ORLANDO FL 32802

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD YOCHUM, THOMAS <input type="checkbox"/> DELETE
NAME	390 N Orange Ave, Ste900
STREET ADDRESS	Orlando FL
CITY-ST-ZIP	
TITLE	P QUAIL, BRIAN T. <input type="checkbox"/> DELETE
NAME	1751 Grace Hopper Ave B-2006
STREET ADDRESS	Orlando FL 32814-0636
CITY-ST-ZIP	
TITLE	STD WERNER, THOMAS L. <input type="checkbox"/> DELETE
NAME	1751 Grace Hopper Ave, B-2006
STREET ADDRESS	Orlando FL 32814-0636
CITY-ST-ZIP	
TITLE	CCD MEDLIN, KEN <input type="checkbox"/> DELETE
NAME	1751 Grace Hopper Ave, B2006
STREET ADDRESS	Orlando FL 32814-0636
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YOCHUM, TOM
1.3 STREET ADDRESS	390 N. Orange Ave, STE 900
1.4 CITY-ST-ZIP	ORLANDO FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	200002208372
2.3 STREET ADDRESS	-06/11/97--01023--018
2.4 CITY-ST-ZIP	***70.00
3.1 TITLE	CD MEDLIN, KEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1751 Grace Hopper Ave, B2006
3.3 STREET ADDRESS	Orlando FL 32814-0636
3.4 CITY-ST-ZIP	
4.1 TITLE	CCD PUERNER, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1751 Grace Hopper Ave, B-2006
4.3 STREET ADDRESS	Orlando, FL 32814-0636
4.4 CITY-ST-ZIP	
5.1 TITLE	D FRETWELL, PHILLIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	1751 Grace Hopper Ave B-2006
5.3 STREET ADDRESS	Orlando FL 32814-0636
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CS
6.3 STREET ADDRESS	614/97
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)(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: *Brian Pencil* 5/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E037 (9/96)