

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720484 (5)**  
 1. Corporation Name  
**HEART OF FLORIDA UNITED WAY, INC.**

Principal Place of Business <b>1751 GRACE HOPPER AVE                  BUILDING 2006                  ORLANDO FL 32814-0636                  US</b>	Mailing Address <b>P O BOX 140636                  ORLANDO FL 32814-0636                  US</b>
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3. Date Incorporated or Qualified <b>03/12/1971</b>	
4. FEI Number <b>59-0808854</b>	Applied For <input type="checkbox"/> Not Applicable

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. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOCHUM, TOM</b>	1.2 NAME	
STREET ADDRESS	<b>390 N. ORANGE AVENUE STE 900</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUAIL, BRAIN T.</b>	2.2 NAME	
STREET ADDRESS	<b>1751 GRACE HOPPER AVENUE B-2006</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEDLIN, KEN</b>	3.2 NAME	
STREET ADDRESS	<b>1751 GRACE HOPPER AVENUE #B2006</b>	3.3 STREET ADDRESS	<b>1751 Grace Hopper Ave B-2006</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>ORLANDO FL 32814-0636</b>
TITLE	<b>CCD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUERNER, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>1751 GRACE HOPPER AVE B-2006</b>	4.3 STREET ADDRESS	<b>1751 Grace Hopper Ave B-2006</b>
CITY-ST-ZIP	<b>ORLANDO FL 32814-0636</b>	4.4 CITY-ST-ZIP	<b>ORLANDO FL 32814-0636</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WERNER, THOMAS L</b>	5.2 NAME	
STREET ADDRESS	<b>1751 GRACE HOPPER AVE B-2006</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32814-0636</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRETWELL, PHILLIP</b>	6.2 NAME	
STREET ADDRESS	<b>1751 GRACE HOPPER AVE B-2006</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32814-0636</b>	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Brian Quail* 3/25/98

CR2E037 (10/97)