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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720484

1. Corporation Name

HEART OF FLORIDA UNITED WAY, INC.

Principal Place of Business

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

Mailing Address

P O BOX 140636
 ORLANDO FL 32814-0636
 US



2. Principal Place of Business

21 1940 Traylor Blvd.

Suite, Apt. #, etc.

22 City & State
 Orlando, FL

24 Zip 32804

25 Country

2a. Mailing Address

26 1940 Traylor Blvd.

Suite, Apt. #, etc.

27 City & State
 Orlando, FL

29 Zip 32804

30 Country

3. Date Incorporated or Qualified

03/12/1971

4. FEI Number

59-0808854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

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

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 **D** DELETE

NAME **YOCHUM, TOM**
 STREET ADDRESS **390 N. ORANGE AVENUE STE 900**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **P** DELETE

NAME **QUAIL, BRAIN T.**
 STREET ADDRESS **1751 GRACE HOPPER AVENUE B-2006**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **PCD** DELETE

NAME **MEDLIN, KEN**
 STREET ADDRESS **1751 GRACE HOPPER AVENUE #B2006**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **CD** DELETE

NAME **PUERNER, JOHN**
 STREET ADDRESS **1751 GRACE HOPPER AVE B-2006**
 CITY-ST-ZIP **ORLANDO FL 32814-0636**

TITLE **STD** DELETE

NAME **WERNER, THOMAS L**
 STREET ADDRESS **1751 GRACE HOPPER AVE B-2006**
 CITY-ST-ZIP **ORLANDO FL 32814-0636**

TITLE **D** DELETE

NAME **FRETWELL, PHILLIP**
 STREET ADDRESS **1751 GRACE HOPPER AVE B-2006**
 CITY-ST-ZIP **ORLANDO FL 32814-0636**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** Change Addition

1.2 NAME **Yochum, Tom**
 1.3 STREET ADDRESS **1940 Traylor Blvd.**
 1.4 CITY-ST-ZIP **Orlando, FL 32804**

2.1 TITLE **P** Change Addition

2.2 NAME **Quail, Brian T.**
 2.3 STREET ADDRESS **1940 Traylor Blvd.**
 2.4 CITY-ST-ZIP **Orlando, FL 32804**

3.1 TITLE **D** Change Addition

3.2 NAME **Medlin, Ken**
 3.3 STREET ADDRESS **1940 Traylor Blvd.**
 3.4 CITY-ST-ZIP **Orlando, FL 32804**

4.1 TITLE **D** Change Addition

4.2 NAME **Puerner, John**
 4.3 STREET ADDRESS **1940 Traylor Blvd.**
 4.4 CITY-ST-ZIP **Orlando, FL 32804**

5.1 TITLE **STD** Change Addition

5.2 NAME **Werner, Thomas L.**
 5.3 STREET ADDRESS **1940 Traylor Blvd.**
 5.4 CITY-ST-ZIP **Orlando, FL 32804**

6.1 TITLE **D** Change Addition

6.2 NAME **Fretwell, Phil**
 6.3 STREET ADDRESS **1940 Traylor Blvd.**
 6.4 CITY-ST-ZIP **Orlando, FL 32804**

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, with all other like empowered.

SIGNATURE: *James D. Miller* **REINHOLD Miller** 4/5/99 407-835-0900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 CR2E037 11081