

**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 # 722815 (8)**  
1. Corporation Name  
**THE UNITED WAY OF OKALOOSA/WALTON COUNTIES, INC.**



Principal Place of Business: **107-B TUPELO AVENUE FORT WALTON BEACH FL 32548**  
Mailing Address: **107-B TUPELO AVENUE FORT WALTON BEACH FL 32548**

3. Date Incorporated or Qualified: **03/02/1972**  
3a. Date of Last Report: **02/02/1995**  
4. FEI Number: **59-0972293**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**ROBINSON, WILLIAM M  
672 MERIONETH DR  
FT. WALTON BEACH FL 32548**

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: *William M Robinson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **4-18-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARR, FREDDY	
STREET ADDRESS	PO BOX 2947 N/A	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATSON, NANCY	
STREET ADDRESS	133 HOSPITAL DR	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILSON, CALVIN	
STREET ADDRESS	PO BOX 2887 N/A	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOLMES, MIKE	
STREET ADDRESS	784 N BEAL PKWY	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GILLIGAN, TONY	
STREET ADDRESS	PO BOX 1935 N/A	
CITY-ST-ZIP	EGLIN AFB FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	672 MERIONETH DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: *Bill Robinson* Bill Robinson 04-15-96 904 243-0315  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
(William M Robinson)

CR2E037 (12/95)

*PM 4-26-96*