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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 722815 1. Corporation Name THE UNITED WAY OF OKALOOSA/WALTON COUNTIES, INC.		
Principal Place of Business 112 TUPELO AVE FORT WALTON BEACH FL 32548 US	Mailing Address 112 TUPELO AVE FORT WALTON BEACH FL 32548 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/02/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0972293
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBINSON, WILLIAM M 672 MERIONETH DR FT. WALTON BEACH FL 32548				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARR, FREDDY			1.2 NAME	Forrester, John		
STREET ADDRESS	10 DANBURY COURT			1.3 STREET ADDRESS	P.O. Box 697		
CITY-ST-ZIP	NICEVILLE FL 32578			1.4 CITY-ST-ZIP	Destin, FL. 32540		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYNES, JOHN R			2.2 NAME			
STREET ADDRESS	90 NW BEAL PKWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BCH FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILSON, CALVIN			3.2 NAME	Campbell, Wayne		
STREET ADDRESS	PO BOX 2887 N/A			3.3 STREET ADDRESS	1000 Mar Walt Dr		
CITY-ST-ZIP	FT. WALTON BEACH FL			3.4 CITY-ST-ZIP	Et Walton Beach FL 32547		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLMES, MIKE			4.2 NAME			
STREET ADDRESS	320 NW RACETRACK RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILLIGAN, TONY			5.2 NAME			
STREET ADDRESS	1 ELEVENTH AVE, STE D-4			5.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL 32579			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, WILLIAM			6.2 NAME			
STREET ADDRESS	672 MERIONETH DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH FL			6.4 CITY-ST-ZIP			

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: W. Robinson **SIGNATURE REQUIRED** William M. Robinson 850-243-0315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/2/99 Daytime Phone #

CR2E037 (1/198)