

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 # 735013 (5)
1. Corporation Name
UNITED WAY OF NORTHWEST FLORIDA, INC.



Principal Place of Business: 518 MULBERRY AVE. PANAMA CITY FL 32401
Mailing Address: P.O. BOX 586 PANAMA CITY FL 32402

3. Date Incorporated or Qualified: 02/20/1976
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-0863698
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
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent
HIX, JERRY C.
518 MULBERRY AVE.
PANAMA CITY FL 32401

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: *James C. Hix* DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	PED	<input type="checkbox"/> DELETE
NAME	HANES, KAREN	
STREET ADDRESS	P.O. BOX 1940 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUBUQUE, RAY	
STREET ADDRESS	P.O. BOX 2488 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	SOWELL, JERRY	
STREET ADDRESS	958 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, VIC	
STREET ADDRESS	P O BOX 2448 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCINTYRE, JIM	
STREET ADDRESS	301 MAPLE AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VANLANDINGHAM, ROBERT	
STREET ADDRESS	469 W. 23RD STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HANES, KAREN	
13 STREET ADDRESS	P.O. BOX 1940 N/A	
14 CITY-ST-ZIP	PANAMA CITY, FL 32402	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MCINTYRE, JIM	
23 STREET ADDRESS	301 MAPLE AVE	
24 CITY-ST-ZIP	PANAMA CITY FL 32401	
31 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VANLANDINGHAM, ROBERT	
33 STREET ADDRESS	469 W. 23RD STREET	
34 CITY-ST-ZIP	PANAMA CITY, FL 32405	
41 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	SWENK, BOB	
43 STREET ADDRESS	1002 ARTHUR AVE	
44 CITY-ST-ZIP	LYNN HAVEN, FLA 32444	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	400001869424	
63 STREET ADDRESS	-06/20/96--01039--029	
64 CITY-ST-ZIP	***61.25	

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: *Jim McIntyre* DATE: 4/30/96 DAYTIME PHONE: 904 785 7521

CR2E037 (12/95)