

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32402-0586

3. Date Incorporated or Qualified: 02/20/1976  
3a. Date of Last Report: 06/19/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-0863698	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HIX, JERRY C. 518 MULBERRY AVE. PANAMA CITY FL 32401				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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANES, KAREN			1.2 NAME	Hanes, Karen		
STREET ADDRESS	P.O. BOX 1940 N/A			1.3 STREET ADDRESS	P.O. Box 1940 N/A		
CITY-ST-ZIP	PANAMA CITY FL 32402			1.4 CITY-ST-ZIP	Panama City, FL 32402		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUBUQUE, RAY			2.2 NAME	McSpadden, Bob		
STREET ADDRESS	P.O. BOX 2488 N/A			2.3 STREET ADDRESS	5230 W. Highway 98		
CITY-ST-ZIP	PANAMA CITY FL 32402			2.4 CITY-ST-ZIP	Panama City, FL 32401		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOWELL, JERRY			3.2 NAME	Sowell, Jerry		
STREET ADDRESS	958 JENKS AVENUE			3.3 STREET ADDRESS	958 Jenks Avenue		
CITY-ST-ZIP	PANAMA CITY FL 32401			3.4 CITY-ST-ZIP	Panama City, FL 32401		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWENK, BOB			4.2 NAME	Swenk, Bob		
STREET ADDRESS	1002 ARTHUR AVE			4.3 STREET ADDRESS	P.O. Box 27191 N/A		
CITY-ST-ZIP	LYNN HAVENY FL 32444			4.4 CITY-ST-ZIP	Panama City, FL 32411		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCINTYRE, JIM			5.2 NAME	Roche, Hugh		
STREET ADDRESS	301 MAPLE AVE.			5.3 STREET ADDRESS	613 Harrison Ave.		
CITY-ST-ZIP	PANAMA CITY FL 32401			5.4 CITY-ST-ZIP	Panama City, FL 32401		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: *Jerry F. Sowell Jr.* Jerry F. Sowell Jr. 3-20-97 904-785-7521  
DATE: \_\_\_\_\_ DAYTIME PHONE: #0000473

CR2E037 (9/96)