

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Applied For Not Applicable
4. FEI Number 59-0863698	

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Jerry C. Hix, Sr. President/CEO DATE 1/15/98
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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANES, KAREN		1.2 NAME	
STREET ADDRESS P.O. BOX 1940 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCSADDEN, BOB		2.2 NAME	
STREET ADDRESS 5230 W HIGHWAY 98		2.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		2.4 CITY-ST-ZIP 32401	
TITLE TSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOWELL, JERRY		3.2 NAME	
STREET ADDRESS 958 JENKS AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		3.4 CITY-ST-ZIP 32401	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWENK, BOB		4.2 NAME	
STREET ADDRESS PO BOX 27191 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		4.4 CITY-ST-ZIP 32411	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROCHE, HUGH		5.2 NAME LYNN OWEN III	
STREET ADDRESS 613 HARRISON AVE		5.3 STREET ADDRESS 909 E 23RD ST	
CITY-ST-ZIP PANAMA CITY FL		5.4 CITY-ST-ZIP PANAMA CITY FL 32405	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME MARK WIMBERLY	
STREET ADDRESS		6.3 STREET ADDRESS 1230 E 15TH ST	
CITY-ST-ZIP		6.4 CITY-ST-ZIP PANAMA CITY FL 32401	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 C. Hix, Sr. Jerry F. Sowell Jr. DATE 1-15-98 TELEPHONE # 850/769-2371
Signature and typed or printed name of signing officer or director

CR2E037 (10/97)