

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737145 (3)

1. Corporation Name

UNITED WAY OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business

Mailing Address

110 E. OAK ST.  
TAMPA FL 33602  
USP.O. BOX 172249  
TAMPA FL 33672-02493. Date Incorporated or Qualified  
10/26/19763a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0789927

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEELER, KIM  
110 E OAK STREET  
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOUSE, JOSEPH	
STREET ADDRESS	110 E. OAK ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IVEY, JAMES	
STREET ADDRESS	110 E. OAK ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FERMAN, CELIA	
STREET ADDRESS	110 E. OAK ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIS, MICHAEL	
STREET ADDRESS	110 E. OAK ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIS, MIKE	
STREET ADDRESS	110 E OAK STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHEELER, KIM	
STREET ADDRESS	110 E OAK STREET	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Sink, Alex
1.4 CITY - ST - ZIP	33602
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Adams, Tim
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33602
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	House, Joseph
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33602
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Larson, Jan
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33602
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Larson, Jan
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33602
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM SCHEELER, PRESIDENT 3/5/97

Date

Daytime Phone # 0048095

CR2E037 (9/96)