FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753220** **(3)**

1. Corporation Name

UNITED WAY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
307 E. 7TH AVENUE SUITE 204 TALLAHASSEE FL 32303-5520	307 E. 7TH AVENUE SUITE 204 TALLAHASSEE FL 32303-5520

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1980
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2104175 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ✓ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRANGER, THEODORE G.
307 EAST 7TH AVENUE
SUITE 204
TALLAHASSEE FL 32303

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 607.0502 and 607.1508, 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 607.0505, 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	C	1.1 TITLE	C	☒ Change ☐ Addition
NAME	TABER, STEVE	1.2 NAME	ROSENBLUM, BARBARA L.	
STREET ADDRESS	529 NW 60 ST	1.3 STREET ADDRESS	7 AMBLESIDE DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 33516	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROSENBLUM, BARBARA L	2.2 NAME	LEWIS, RICHARD K.	
STREET ADDRESS	7 AMBLESIDE DR	2.3 STREET ADDRESS	151 SE OSCEOLA AVE	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	OCALA, FL	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	LEWIS, RICHARD K	3.2 NAME	HOLMES, A.L. HONORABLE	
STREET ADDRESS	151 SE OSCEOLA AVE	3.3 STREET ADDRESS	BONNIE MINE ROAD	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	BARTOW FL	
TITLE	S	4.1 TITLE	S	☐ Change ☒ Addition
NAME	HOLMES, A. L HONORAB	4.2 NAME	WALKER, H. WILLIAM	
STREET ADDRESS	BONNIE MINE RD	4.3 STREET ADDRESS	200 S. BISCAYNE BLVD #4900	
CITY-ST-ZIP	BARTOW FL	4.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	EAGEN, EDWARD J	5.2 NAME	EAGEN, EDWARD J	
STREET ADDRESS	307 E 7 AVE	5.3 STREET ADDRESS	307 E 7 AVE	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ENDSLEY, E. D	6.2 NAME	HENDRY, TED	
STREET ADDRESS	1300 S. ANDREWS AVE	6.3 STREET ADDRESS	1301 W GOVERNMENT STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	PENSACOLA FL 32501	

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)(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: Edward Eagen May 2, 1995 904-681-9281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002204