

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753220 (3)**

1. Corporation Name  
**UNITED WAY OF FLORIDA, INC.**



Principal Place of Business <b>307 E. 7TH AVENUE SUITE 204 TALLAHASSEE FL 32303-5520</b>	Mailing Address <b>307 E. 7TH AVENUE SUITE 204 TALLAHASSEE FL 32303-5588</b>
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3. Date Incorporated or Qualified <b>07/02/1980</b>	3a. Date of Last Report <b>03/18/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2104175</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 of 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 <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSENBLUM, BARBARA L</b>		1.2 NAME <b>WALKER, Jr., H. WILLIAM</b>	
STREET ADDRESS <b>7 AMBLESIDE DR</b>		1.3 STREET ADDRESS <b>200 S BISCAYNE BLVD. 4900</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		1.4 CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEWIS, RICHARD K</b>		2.2 NAME <b>HOLMES, A. L. "JUDGE"</b>	
STREET ADDRESS <b>151 SE OSCEOLA AVE</b>		2.3 STREET ADDRESS <b>BONNIE MINE ROAD</b>	
CITY-ST-ZIP <b>Ocala FL</b>		2.4 CITY-ST-ZIP <b>BARTOW, FL</b>	
TITLE <b>TS</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HOLMES, A. L.</b>		3.2 NAME <b>MARTIN, LYNDARAE DR.</b>	
STREET ADDRESS <b>BONNIE MINE RD</b>		3.3 STREET ADDRESS <b>5001 ST. JOHNS AVENUE</b>	
CITY-ST-ZIP <b>BARTOW FL</b>		3.4 CITY-ST-ZIP <b>PALATKA, FL 32177</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALKER, WILLIAM H JR.</b>		4.2 NAME	
STREET ADDRESS <b>200 S BISCAYNE BLVD 4900</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 in an attachment with an address.

SIGNATURE: *William H. Walker, Jr.* H. Wm. Walker, Jr., Esq. 2-19-97 904/681-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007646

CR2E037 (9/96)