

FILE NOW: FILING FEE IS \$61.25

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Apr 15 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 # 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

3. Date incorporated or Qualified  
07/02/1980  
4. FEI Number  
59-2104175  
Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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  
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 Theodore G. Granger DATE 4/7/98  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	WALER, JR. H WILLIAM	<input checked="" type="checkbox"/> DELETE
NAME	200 S. BISCAYNE BLVD., 4900	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	HOLMES, A. L. JUDGE	<input type="checkbox"/> DELETE
NAME	BONNIE MIND RD.	
STREET ADDRESS	BARTOW FL	
CITY-ST-ZIP		
TITLE	HOLMES, A. L.	<input checked="" type="checkbox"/> DELETE
NAME	BONNIE MINE RD	
STREET ADDRESS	BARTOW FL	
CITY-ST-ZIP		
TITLE	WALKER, WILLIAM H JR.	<input checked="" type="checkbox"/> DELETE
NAME	200 S BISCAYNE BLVD 4900	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	MARTIN, LYNDARAE DR.	<input type="checkbox"/> DELETE
NAME	5001 ST. JOHNS AVE.	
STREET ADDRESS	PALATKA FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	HOLMES, A.L. JUDGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BONNIE MINE RD.	
1.3 STREET ADDRESS	BARTOW, FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	MARTIN, LYNDARAE DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5001 ST. JOHNS AVE.	
2.3 STREET ADDRESS	PALATKA, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	WEEKES, SR., LEON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	777 G. ATLANTIC AVE. #300	
3.3 STREET ADDRESS	DELRAY BCH. FL 33483	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *A. Holmes* DATE: 3/27/98 914/533-3181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00072000

CR2E037 (10/97)