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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

762739

(1)

Mailing Address

UNITED WAY OF PASCO COUNTY, INC.

FILED
May 18 1998 8:00am
Secretary of State

3.	Date Incorporated or Qualified	_
	A40E44000	

10024 LIC 40								
10834 U.S. 19. SUITE 201 P O BOX 609		10934 U.S. 19, SUITE 201 P O BOX 609			3. Date Incorporated or Qualified			
ORT RICHEY	FL 34688-2565	PORT RICHEY FL 34668-2	565		04/05/1982	<u> </u>		
					4. FEI Number			Applied For
					59-2193178			Not Applicable
t, Principal Pla	ace of Business	2a. Mailing Address			5. Certificate of Status Desired	×		5 Additional Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		\$5.0	May Be
22		27 City & State 28			Trust Fund Contribution			d to Fees
City & State						7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Coun	lry	8. This corporation owes or has p	aid the cu	rrent vear	Intangible
ត	25	29	30		Personal Property Tax due Jun		Yes	<b>⊠</b> No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered	Agent	
				1 Name				
SNYDER	R, JAMES		١.	2 Street Ac	ddaes (D.O. Daesh) arbas is Not Assault	. h		
	J.S. HWY 19		•	Z Street Ac	ddress (P.O. Box Number is Not Accepta	able)		
SUITE 2			18	13				
	ORT RICEHY FL 34668		L					
INCH PU	mi niveni re 34000		[€	4 City		FL	85 Z	ip Code
1 Duramont t	to the provisions of Continue 617 0503	and 617 1500 Elosido Statu	too the abo	us named n	orporation submits this statement for the		• L	- ita coninterad
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was	authorized	by the corpor	oration's board of directors. I hereby according	ept the app	cointment	as registered
- (	Aller Letter	<b>1</b> ).				4.	29.9	8
IGNATURE	Storage, typed or printed name of registered agen	t and title if applicable (NO	TE: Registered /	lgent signature rec	quired when reinstating)	DATE		
	Signature, typed or printed name or registered agen OFFICERS AND	<del></del>	TE: Registered /	Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE		OR\$ IN 12
2.	OFFICERS AND	<del></del>				DATE		
<b>2.</b>	OFFICERS AND	DIRECTORS	13. 1.1 TITU			DATE	DIRECT	
2. TILE	OFFICERS AND TD MCNALLY, EDWARD	DIRECTORS	13. 1.1 TITU 1.2 NAM	E E		DATE	DIRECT	
2. TILE IMME TREET ADDRESS	OFFICERS AND TD MCNALLY, EDWARD 38314 CENTENNAL RD	DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI	E E ET ADDRESS		DATE	DIRECT	
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