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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90028 024 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762739**

1. Corporation Name  
**UNITED WAY OF PASCO COUNTY, INC.**

Principal Place of Business 10934 U.S. 19, SUITE 201 P O BOX 609 PORT RICHEY FL 34668-2565	Mailing Address 10934 U.S. 19, SUITE 201 P O BOX 609 PORT RICHEY FL 34668-2565
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/05/1982	4. FEI Number 59-2193178 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**SNYDER, JAMES**  
 10934 U.S. HWY 19  
 SUITE 201  
 NEW PORT RICHEY FL 34668

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: *[Signature]* DATE: 3-31-99

(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 NAME STREET ADDRESS CITY-ST-ZIP	TD MCNALLY, EDWARD 38314 CENTENNIAL RD DADE CITY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edward Blommel 38008 Meridian Ave. Dade City FL 33526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWANN, KENNETH 7623 LITTLE RD NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice-Chairman D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Don Griffin 14100 Fivay Rd. Hudson FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVAGE, WALLACE 5207 TROUBLE CREEK ROAD NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Melanie Price 4526 US 19 New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOEL, JUDITH D 7426 COMMUNITY COURT HUDSON FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Arnett 6840 State Rd. 52 Hudson FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3-31-99 DAYTIME PHONE #: 727-862-6270

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

0071803

CR2E037 (1/198)