


FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20347 (3)
1. Corporation Name
UNITED WAY OF HERNANDO COUNTY, INC.

Principal Place of Business 4040 COMMERCIAL WAY SPRING HILL FL 34606	Mailing Address 4040 COMMERCIAL WAY SPRING HILL FL 34606
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3. Date Incorporated or Qualified 04/27/1987	
4. FEI Number 59-2848474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
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
**LOVELOCK, MIKE
4040 COMMERCIAL WAY
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name SAM SHRIEVES	
82 Street Address (P.O. Box Number is Not Acceptable) 4040 COMMERCIAL WAY	
83 SPRING HILL	
84 City FL	85 Zip Code 34606

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: *Samuel P. Shrieves* DATE: **2/11/98**

12. OFFICERS AND DIRECTORS

TITLE DP	NAME SHRIEVES, SAM	STREET ADDRESS 4040 COMMERCIAL WAY	CITY-ST-ZIP SPRING HILL FL	<input type="checkbox"/> DELETE
TITLE DVP	NAME SCHLAICH, JANICE	STREET ADDRESS 4040 COMMERCIAL WAY	CITY-ST-ZIP SPRING HILL FL	<input type="checkbox"/> DELETE
TITLE DS	NAME CORAL, MICHELLE	STREET ADDRESS 4040 COMMERCIAL WAY	CITY-ST-ZIP SPRING HILL FL	<input type="checkbox"/> DELETE
TITLE DT	NAME LOVELOCK, MIKE	STREET ADDRESS 4040 COMMERCIAL WAY	CITY-ST-ZIP SPRING HILL FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	1.2 NAME JAMES JONES	1.3 STREET ADDRESS 4040 COMMERCIAL WAY	1.4 CITY-ST-ZIP SPRING HILL FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE DVP	2.2 NAME ERNIE NOLZHAUER	2.3 STREET ADDRESS 4040 COMMERCIAL WAY	2.4 CITY-ST-ZIP SPRING HILL FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE D	3.2 NAME SECRETARY BILL WOOTEN	3.3 STREET ADDRESS 4040 COMMERCIAL WAY	3.4 CITY-ST-ZIP SPRING HILL FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE D	4.2 NAME TREASURER SAM SHRIEVES	4.3 STREET ADDRESS 4040 COMMERCIAL WAY	4.4 CITY-ST-ZIP SPRING HILL FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Samuel P. Shrieves* DATE: **2/26/98**

CFR2E037 (10/97)