

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90058 020 ****61.25

0070918

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20347

1. Corporation Name

UNITED WAY OF HERNANDO COUNTY, INC.

1/3733 - 90058 - 20

Principal Place of Business

Mailing Address

4040 COMMERCIAL WAY
SPRING HILL FL 34606

4040 COMMERCIAL WAY
SPRING HILL FL 34606



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/27/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2848474

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHRIEVES, SAM
4040 COMMERCIAL WAY
SPRING HILL FL 34606

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

Samuel P. Shrieves
Signature, typed or printed name of registered agent and title if applicable.

SAMUEL P. SHRIEVES, TREASURER

2/26/99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME JONES, JAMES
STREET ADDRESS 404 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL 34606

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME NOLZHAUER, ERNIE
STREET ADDRESS 4040 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL 34606

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS DELETE
NAME WOOTEN, BILL
STREET ADDRESS 4040 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL 34606

3.1 TITLE Change Addition
3.2 NAME DS KEVIN GIGUIERE
3.3 STREET ADDRESS 4040 COMMERCIAL WAY
3.4 CITY-ST-ZIP SPRING HILL FL 34606

TITLE DT DELETE
NAME SHRIEVES, SAM
STREET ADDRESS 4040 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL 34606

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Samuel P. Shrieves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAMUEL P. SHRIEVES 2/26/99 (352) 688-2026
Date Daytime Phone #

CR2E037 (1/198)