

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90023 022 ****61.25



DOCUMENT # N20347
1. Entity Name
UNITED WAY OF HERNANDO COUNTY, INC.

Principal Place of Business Mailing Address
4040 COMMERCIAL WAY **4040 COMMERCIAL WAY**
SPRING HILL FL 34606 **SPRING HILL FL 34606**



2. Principal Place of Business 3. Mailing Address
4042 Commercial Way **4042 Commercial Way**
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Spring Hill, FL **Spring Hill, FL**

4. FEI Number Applied For
59-2848474 Not Applicable

Zip Country Zip Country
34667 **USA** **34667** **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHRIEVES, SAM
4040 COMMERCIAL WAY
SPRING HILL FL 34606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4042 Commercial Way
City State Zip Code
Spring Hill **FL** **34606**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Samuel P. Shrieves* **Samuel P. Shrieves** DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HUNT, VALERIE	
STREET ADDRESS	4040 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHRIEVES, SAM	
STREET ADDRESS	4040 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHILLIPS, KAREN	
STREET ADDRESS	404 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BARB, THOMAS	
STREET ADDRESS	4040 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4042 Commercial Way	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4042 Commercial Way	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4042 Commercial Way	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Donley	
STREET ADDRESS	4042 Commercial Way	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valerie Orshal-Hunt* Valerie Orshal-Hunt 2/6/06 352-688-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #