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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20347 (3)

1. Corporation Name

UNITED WAY OF HERNANDO COUNTY, INC.

Principal Place of Business

Mailing Address

610 W JEFFERSON ST
PO BOX 12161
BROOKSVILLE FL 34601

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PO BOX 12161
BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1987** 3a. Date of Last Report **02/16/1994**
4. FEI Number **59-2848474** Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address
21 **4040 COMMERCIAL WAY** 26 **4040 COMMERCIAL WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SPRING HILL, FL** 27 **SPRING HILL, FL**
City & State City & State
23 **34606** 28 **34606**
Zip Zip
24 **HERNANDO** 29 **HERNANDO**
County County

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUSCH, MARGI
7984 FLORAL DR
BROOKSVILLE FL 34607**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Margi Busch
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing state)

1/19/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SURIEVES, SAM
STREET ADDRESS	PO BOX 156 (N/A)
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	P
NAME	DAVIS, MIKE
STREET ADDRESS	15299 C-1 CORTEZ BLVD.
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	V
NAME	WOOTEN, BILL
STREET ADDRESS	1547 OVERLAND DR
CITY-ST-ZIP	SPRING HILL FL
TITLE	TD
NAME	PETERSON, BOB
STREET ADDRESS	12337 SPREADING OAK DR
CITY-ST-ZIP	SPRING HILL FL
TITLE	SD
NAME	KRATZER, SANDY
STREET ADDRESS	51 LARK AVE DR
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D
NAME	DEAN, FRED
STREET ADDRESS	12533 SPRING HILL DR
CITY-ST-ZIP	SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D PRESIDENT	☒ Change ☐ Addition
1.2 NAME	BILL WOOTEN	
1.3 STREET ADDRESS	4040 COMMERCIAL WAY	
1.4 CITY-ST-ZIP	SPRING HILL FL 34606	
2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
2.2 NAME	MARK FEIGENTNER	
2.3 STREET ADDRESS	4040 COMMERCIAL WAY	
2.4 CITY-ST-ZIP	SPRING HILL FL 34606	
3.1 TITLE	SECRETARY	☒ Change ☐ Addition
3.2 NAME	MARGI BUSCH	
3.3 STREET ADDRESS	4040 COMMERCIAL WAY	
3.4 CITY-ST-ZIP	SPRING HILL FL 34606	
4.1 TITLE	TREASURER	☒ Change ☐ Addition
4.2 NAME	BILL ANDRYUSKY	
4.3 STREET ADDRESS	7030 EVERGREEN WOODS TRAIL	
4.4 CITY-ST-ZIP	SPRING HILL FL 34608	
5.1 TITLE	DELETE	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DELETE	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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:

Margi Busch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Typed Name)