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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753181 (7)

1. Corporation Name

UNITED WAY OF CENTRAL FLORIDA, INC.

Principal Place of Business

5605 HWY 98 S
HIGHLAND CITY FL 33846-1357
US

Mailing Address

P O BOX 1357
HIGHLAND CITY FL 33846-1357
US3. Date Incorporated or Qualified
06/28/19803a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2116280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

HEATH PERRY P
5605 HWY 98 S
PO BOX 1357
HIGHLAND CITY FL 33846

81 Name Terry Worthington

82 Street Address (P.O. Box Number is Not Acceptable)
5605 Highway 98 South

83 P. O. Box 1357

84 City Highland City

FL

85 33846

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Terry Worthington, PRESIDENT 1-8-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO
NAME STEPHENS, RICHARD
STREET ADDRESS P.O. BOX 32092
CITY-ST-ZIP LAKELAND FL1.1 TITLE TD
1.2 NAME Murvin, Richard
1.3 STREET ADDRESS 500 South Florida Avenue
1.4 CITY-ST-ZIP Lakeland, FL 33801TITLE CEO
NAME MCPHERSON, CHARLES
STREET ADDRESS P O DRAWER 1380 N/A
CITY-ST-ZIP WINTER HAVEN FL2.1 TITLE CD
2.2 NAME John Attaway
2.3 STREET ADDRESS 1 Lake Morton Drive
2.4 CITY-ST-ZIP P. O. Box 1
Lakeland, FL 33802TITLE VCD
NAME BARNETT, HOYT R
STREET ADDRESS P O BOX 407 N/A
CITY-ST-ZIP LAKELAND FL3.1 TITLE VCD
3.2 NAME Thomas Reuschling
3.3 STREET ADDRESS 111 Lake Hollingsworth Drive
3.4 CITY-ST-ZIP Lakeland, FL 33803TITLE CD
NAME SALUD, VIOLETA
STREET ADDRESS 251 E. PARK AVE.
CITY-ST-ZIP LAKE WALES FL4.1 TITLE SCD
4.2 NAME Gene West
4.3 STREET ADDRESS 201 Magnolia
4.4 CITY-ST-ZIP P. O. Box 271
Winter Haven, FL 33882TITLE CD
NAME HALLOCK, DAVE
STREET ADDRESS 545 N BROADWAY
CITY-ST-ZIP BARTOW FL5.1 TITLE CD
5.2 NAME Charles McPherson
5.3 STREET ADDRESS 595 Cypress Gardens Boulevard
5.4 CITY-ST-ZIP P. O. Drawer 1380
Winter Haven, FL 33882TITLE P
NAME HEATH, PERRY P
STREET ADDRESS 5605 HWY 98 S
CITY-ST-ZIP HIGHLAND CITY FL6.1 TITLE P
6.2 NAME Terry Worthington
6.3 STREET ADDRESS 5605 Highway 98 South
6.4 CITY-ST-ZIP Highland City, FL 33846

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97 (941) 648-1500x245

CP2E037 (9/96)