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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **707160** **(8)**

1. Corporation Name

UNITED WAY OF ALACHUA COUNTY, INC.

Principal Place of Business	Mailing Address
5200-A W. NEWBERRY ROAD GAINESVILLE FL 32607-6104 US	P.O. BOX 938 GAINESVILLE FL 32602-0938 US

3. Date Incorporated or Qualified: 04/15/1964
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26: 5200-A W. NEWBERRY ROAD

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28: GAINESVILLE FL

Zip — 24: 32607-2183
Country — 25
Zip — 29: 32607-2183
Country — 30

4. FEI Number: 59-0808855 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REARDON, STEVEN E.
5200-A W. NEWBERRY ROAD
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VODANOVICH, C.V.		1.2 NAME	ELLIS, LARRY T.	
STREET ADDRESS	P.O. BOX 1112		1.3 STREET ADDRESS	UF, ELMORE HALL/RADIO ROAD ROOM 102	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	GAINESVILLE, FL.	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ELLIS, LARRY T.		2.2 NAME	VAN NORTWICK, TERRY	
STREET ADDRESS	UF, ELMORE HALL/RADIO ROAD ROOM 102		2.3 STREET ADDRESS	2826 NE 19 DR.	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	GAINESVILLE, FL.	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHAAK, GRAIG D		3.2 NAME		
STREET ADDRESS	228A MUSEUM		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	ARC	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PAGE, ROBERT		4.2 NAME		
STREET ADDRESS	4830 NW 43RD STREET #K-164		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Steven E. Reardon 3/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0010677