

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 730441 (3)  
1. Corporation Name

UNITED WAY OF ESCAMBA COUNTY, INC.



Principal Place of Business Mailing Address  
1301 WEST GOVERNMENT STREET 1301 WEST GOVERNMENT STREET  
PENSACOLA FLORIDA 32501 PENSACOLA FLORIDA 32501-5314

3. Date Incorporated or Qualified 08/14/1974 3a. Date of Last Report 03/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0651076	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRY, THOMAS E.  
1301 WEST GOVERNMENT STREET  
PENSACOLA FLORIDA FL 32501

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, DUSTY	1.2 NAME	
STREET ADDRESS	500 BAYFRONT PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSH, KERMIT	2.2 NAME	
STREET ADDRESS	2190 AIRPORT BLVD #3000	2.3 STREET ADDRESS	3720 CEYLON COVE
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, PAUL	3.2 NAME	
STREET ADDRESS	605 W. GARDEN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	STUMP, HARRY A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUMP, HARRY A DR	4.2 NAME	
STREET ADDRESS	100 W. GARDEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, THOMAS E.	5.2 NAME	
STREET ADDRESS	1301 W GOVERNMENT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CHARLES ATWELL
STREET ADDRESS		6.3 STREET ADDRESS	1000 COLLEGE BOULEVARD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PENSACOLA FL 32504

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.

CR2E037 (9/96)