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Jun 04 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 720484 (5)  
 1. Corporation Name  
**HEART OF FLORIDA UNITED WAY, INC.**

Principal Place of Business Mailing Address  
**1751 GRACE HOPPER AVE PO BOX 140636**  
**BUILDING 2006 ORLANDO FL 32814-0636**  
**ORLANDO FL 32814-0636**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0808854	3/12/71
22 City & State	27 City & State	5. Certificate of Status Desired	5/1/96
23 Zip	28 Zip	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country	29 Country	6. Election Campaign Financing	<b>\$5.00 May Be Added to Fees</b>
	30	Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>DYMOND, WILLIAM T. JR.</b>	81 Name
<b>215 N EOLA DR</b>	82 Street Address (P.O. Box Number is Not Acceptable)
<b>ORLANDO FL 32802</b>	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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD YOCHUM, THOMAS <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	390 N Orange Ave, Ste900	1.2 NAME	YOCHUM, TOM
STREET ADDRESS	Orlando FL	1.3 STREET ADDRESS	390 N. Orange Ave, STE 900
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ORLANDO FL
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	200002208372 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUAIL, BRIAN T.	2.2 NAME	-06/11/97--01023--018
STREET ADDRESS	1751 Grace Hopper Ave B-2006	2.3 STREET ADDRESS	***70.00
CITY-ST-ZIP	Orlando FL 32814-0636	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	CD MEDLIN, KEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, THOMAS L.	3.2 NAME	1751 Grace Hopper Ave, B2006
STREET ADDRESS	1751 Grace Hopper Ave, B-2006	3.3 STREET ADDRESS	Orlando FL 32814-0636
CITY-ST-ZIP	Orlando FL 32814-0636	3.4 CITY-ST-ZIP	
TITLE	CCD MEDLIN, KEN <input type="checkbox"/> DELETE	4.1 TITLE	CCD PUERNER, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1751 Grace Hopper Ave, B2006	4.2 NAME	1751 Grace Hopper Ave, B-2006
STREET ADDRESS	Orlando FL 32814-0636	4.3 STREET ADDRESS	Orlando, FL 32814-0636
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D FRETWELL, PHILLIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	1751 Grace Hopper Ave B-2006
STREET ADDRESS		5.3 STREET ADDRESS	Orlando FL 32814-0636
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	CS
STREET ADDRESS		6.3 STREET ADDRESS	6/14/97
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Brian Pucell* 5/15/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)