


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730441** (3)

1. Corporation Name

**UNITED WAY OF ESCAMBIA COUNTY, INC.**

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

3. Date Incorporated or Qualified

**08/14/1974**

4. FEI Number

**59-0651076**

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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 **P** ☒ DELETE  
NAME **FISHER, DUSTY**  
STREET ADDRESS **500 BAYFRONT PARKWAY**  
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **HOUSH, KERMIT**  
STREET ADDRESS **3720 CEYLON COVE**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

2.1 TITLE **P** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **STUMP, HARRY A**  
STREET ADDRESS **100 W. GARDEN ST.**  
CITY-ST-ZIP **PENSACOLA FL 32501**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **7139 North 9th Avenue**  
3.4 CITY-ST-ZIP **Pensacola FL 32504**

TITLE **S** ☐ DELETE  
NAME **HENDRY, THOMAS E.**  
STREET ADDRESS **1301 W GOVERNMENT**  
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **ATWELL, CHARLES**  
STREET ADDRESS **1000 COLLEGE BLVD**  
CITY-ST-ZIP **PENSACOLA FL 32504**

5.1 TITLE **VD** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **VPD** ☐ Change ☒ Addition  
6.2 NAME **Britt Landrum**  
6.3 STREET ADDRESS **6723 Plantation Road**  
6.4 CITY-ST-ZIP **Pensacola FL 32504**

14. I 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:

**Ted Hendry**

5-1-98

CP2E037 (10/97)