2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/7

FILED
Mar 05, 2004 8:00 am
Secretary of State
02-23-2004 90032 017 ****61.25

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DOCUMENT # N20347

1. Entity Name
UNITED WAY OF HERNANDO COUNTY, INC.

Principal Place of Business	Mailing Address
4040 COMMERCIAL WAY SPRING HILL, FL 34606	4040 COMMERCIAL WAY SPRING HILL, FL 34606

02062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2848474 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHRIEVES, SAM 4040 COMMERCIAL WAY SPRING HILL, FL 34606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUPREY, BARBARA 4040 COMMERCIAL WAY SPRING HILL, FL 34606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HARRIS, BURT 4040 COMMERCIAL WAY SPRING HILL, FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRES, BURT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SHRIEVES, SAM 4040 COMMERCIAL WAY SPRING HILL, FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WATSON, KEVIN 4040 COMMERCIAL WAY SPRING HILL, FL 34452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHILLIPS, KAREN 4040 COMMERCIAL WAY SPRING HILL, FL 34606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARD, THOMAS 4040 COMMERCIAL WAY SPRING HILL FL 34606	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-2-04 352-688-2026
SIGNATURE AND TYPED OR PRINTED NAME OF CHOOSING OFFICER OR DIRECTOR — Date — Daytime Phone #