2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90120 041 ****61.25

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RECEIVED
DEPARTMENT OF REVEN
OPERATIONAL ACCOUNT

2004 APR 23 A 7:30

2004 APR 19 A 8:16
24072810

03302004 Chg-NP CR2E037 (10/03)

1. Entity Name
UNITED WAY OF ALACHUA COUNTY INC

Principal Place of Business	Mailing Address
6031 N.W. 1ST PLACE GAINESVILLE, FL 32607-2025	6031 N.W. 1ST PLACE GAINESVILLE, FL 32607-2025

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 59-0808855 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REARDON, STEVEN E.
6031 N.W. 1ST PLACE
GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name: Karen G. Bricklemyer
Street Address (P.O. Box Number is Not Acceptable): 6031 NW 1st Place
City: Gainesville FL Zip Code: 32607

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: Karen G. Bricklemyer 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 DANIEL, C B 7515 WEST UNIVERSITY AVE GAINESVILLE, FL 32607	☒ Delete	D James Doughton % Gainesville Sun, P.O. Box 147147 Gainesville, FL 32614-7147	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD POPPELL, ED % UNIV OF FLORIDA PO BOX 113100 GAINESVILLE, FL 326113100	☒ Delete	STD William J. Robinson % Shands Healthcare, P.O. Box 100327 Gainesville, FL 32610-0326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TIBBS, ESTER S PO BOX 390, MAIL SLOT 3 GAINESVILLE, FL 32602	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIES, DENNY 1200 NE 55TH BLVD. GAINESVILLE, FL 32641	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Tom Mallini M & S Bank, P.O. Box 5278 Gainesville, FL 32602-5278	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Karen G. Bricklemyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #