

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90016 029 \*\*\*\*70.00

**DOCUMENT # N01000003742**

1. Entity Name  
UNITED WAY OF TAMPA BAY, INC.



Principal Place of Business  
1000 N. AHSLEY DR. #800  
TAMPA, FL 33602

Mailing Address  
1000 N. ASHLEY DR.  
800  
TAMPA, FL 33602

00007076



2. Principal Place of Business  
1000 N. Ashley Dr. #800

3. Mailing Address  
Suite, Apt. #, etc.

03152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-3725701

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BAKER, DIANA  
1000 N. AHSLEY DR. #800  
TAMPA, FL 33602

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

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**

TITLE DC  
NAME MARSHALL, GENE ☐ Delete  
STREET ADDRESS 1000 N. ASHLEY DR. #800  
CITY-ST-ZIP TAMPA, FL 33602

TITLE DS ☒ Delete  
NAME DEE, KAREN  
STREET ADDRESS 1000 N. ASHLEY DR. #800  
CITY-ST-ZIP TAMPA, FL 33602

TITLE DT ☐ Delete  
NAME BAILEY, ERIC  
STREET ADDRESS 1000 N. ASHLEY DR. #800  
CITY-ST-ZIP TAMPA, FL 33602

TITLE P ☐ Delete  
NAME BAKER, DIANA  
STREET ADDRESS 1000 N. ASHLEY DR. #800  
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE D5 ☐ Change ☒ Addition  
NAME Burke, Frank  
STREET ADDRESS 1000 N. Ashley Dr., #800  
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Diana Baker / Diana Baker* 3-22-06 813.274.0907