

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720484

**Entity Name:** HEART OF FLORIDA UNITED WAY, INC.**Current Principal Place of Business:**1940 TRAYLOR BLVD  
ORLANDO, FL 32804**Current Mailing Address:**1940 TRAYLOR BLVD  
ORLANDO, FL 32804 US**FEI Number: 59-0808854****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DYMOND, WILLIAM T JR  
215 N EOLA DR  
ORLANDO, FL 32802 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name GARRARD, JANE  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title V  
Name HAIGHT, ROBERT  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title D  
Name TIMBERLAKE, ED  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title D  
Name CROSS, JAMES B  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title D  
Name DEE, KAREN  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name HARDING, MICHAEL L  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name NEWLAND, ROBERT  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name ORTIZ, TONY  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES CROSS****BOARD TREASURER****04/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KHAHAIFA, AVIDO  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name SOLER, EDDIE  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name JUNKERMAN, LISA  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name MCGEE, E. ANN DR.  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name HOSTETTER, SANDY  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name ROONEY, CHIEF PAUL  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name PICCOLO, RONALD F PHD  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name BARNES, MALCOLM C  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name PERO, SAM  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name GARFIELD, RANDY A  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name MARTINEZ, MARIE  
Address 1940 TRAYLOR BLVD  
City-State-Zip: ORLANDO FL 32804