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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Murpham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703966 (2)
1. Corporation Name
UNITED WAY OF EAST HILLSBOROUGH COUNTY, INC.

Principal Place of Business Mailing Address
607 S ALEXANDER ST
PLANT CITY FL 33566
US

PO BOX 100
POST OFFICE BOX 100
PLANT CITY FL 33564
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/09/1962 3a. Date of Last Report 06/16/1994

4. FEI Number 59-2126133 Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 202 W. Reynolds St. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Plant City, FL 28 Plant City, FL

24 Zip 33566 25 Country US 29 Zip 30 Country

9. Name and Address of Current Registered Agent

MOODY, JIM
121 NORTH COLLINS STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name Charles White

82 Street Address (P.O. Box Number is Not Acceptable) 104 B. N. Evers St.

83

84 City Plant City FL 85 Zip Code 33566

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE: D	NAME: HAMMOCK, BARBARA STREET ADDRESS: 3602 BOOT BAY RD. CITY, ST, ZIP: PLANT CITY FL	1.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	NAME: MCDANIEL, JIM STREET ADDRESS: P.O. BOX C N/A CITY, ST, ZIP: PLANT CITY FL	1.2 NAME: Mickie Granger 1.3 STREET ADDRESS: 308 W. Alexander St. 1.4 CITY, ST, ZIP: Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: WHITE, CHARLES STREET ADDRESS: P.O. BOX 1119 N/A CITY, ST, ZIP: PLANT CITY FL	2.1 TITLE: PPD 2.2 NAME: McDaniel, Jim 2.3 STREET ADDRESS: P.O. Box C N/A 2.4 CITY, ST, ZIP: Plant City, FL 33564	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: REED, SIMMON STREET ADDRESS: ONE TAMPA CITY CENTER CITY, ST, ZIP: TAMPA FL	3.1 TITLE: VD 3.2 NAME: Gordon Johnston 3.3 STREET ADDRESS: P.O. Drawer N N/A 3.4 CITY, ST, ZIP: Plant City, FL 33564	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD	NAME: HIGGINBOTHAM, JACK STREET ADDRESS: 1802 JIM JOHNSON RD CITY, ST, ZIP: PLANT CITY FL	4.1 TITLE: D 4.2 NAME: Brenda Mc Isaac 4.3 STREET ADDRESS: P.O. Box 1107 N/A 4.4 CITY, ST, ZIP: Plant City, FL 33564	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PPD	NAME: HURNER, STEVE STREET ADDRESS: 1308 GRANT ST CITY, ST, ZIP: PLANT CITY FL	5.1 TITLE: SD 5.2 NAME: Sandy Whitmill 5.3 STREET ADDRESS: 202 S. Wheeler St. 5.4 CITY, ST, ZIP: Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE: PD 6.2 NAME: Hurner, Steve 6.3 STREET ADDRESS: 1308 Grant St. 6.4 CITY, ST, ZIP: Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 610.07(3)(b), 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: *[Signature]* 4/6/95 813/752-1115