

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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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. Suite, Apt #, etc.
22 City & State 27 City & State
Plant City, FL
23 Zip 24 Country
33566 25 **US** 29

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

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 11D 07(b)(6), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR