

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business: 202 W. REYNOLDS STREET, PLANT CITY FL 33566, US  
Mailing Address: PO BOX 100, POST OFFICE BOX 100, PLANT CITY FL 33564, US

3. Date Incorporated or Qualified: 04/09/1962  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2126133	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**WHITE, CHARLES**  
104 B. N. EVERS STREET  
PLANT CITY FL 33566

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, MICKIE	1.2 NAME	
STREET ADDRESS	308 W. ALEXANDER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	PPD	2.1 TITLE	<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 33566
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, GORDON	3.2 NAME	White, Charles
STREET ADDRESS	P.O. DRAWER N	3.3 STREET ADDRESS	104 B N. Evers Street
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCISAAC, BRENDA	4.2 NAME	McIsaac, Brenda
STREET ADDRESS	P.O. BOX 1107	4.3 STREET ADDRESS	8700 Lupton Place
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMILL, SANDY	5.2 NAME	600001880716
STREET ADDRESS	202 S. WHEELER ST.	5.3 STREET ADDRESS	-07/01/96--01043--037
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	***70.00
TITLE	PD	6.1 TITLE	<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 119.07(3)(k), 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]* PRESIDENT 4-15-96 813 752 6155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)