

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number <b>59-2126133</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**WHITE, CHARLES  
104 B. N. EVERS STREET  
PLANT CITY FL 33566**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANGER, MICKIE</b>	
STREET ADDRESS	<b>308 W. ALEXANDER ST.</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>PPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCDANIEL, JIM</b>	
STREET ADDRESS	<b>P.O. BOX C N/A</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSTON, GORDON</b>	
STREET ADDRESS	<b>P.O. DRAWER N</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCISAAC, BRENDA</b>	
STREET ADDRESS	<b>P.O. BOX 1107</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITMILL, SANDY</b>	
STREET ADDRESS	<b>202 S. WHEELER ST.</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HURNER, STEVE</b>	
STREET ADDRESS	<b>1308 GRANT ST</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>McDaniel, Jim</b>	
2.3 STREET ADDRESS	<b>P.O. Box C N/A</b>	
2.4 CITY - ST - ZIP	<b>Plant City FL 33566</b>	
3.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>White, Charles</b>	
3.3 STREET ADDRESS	<b>104 B N. Evers Street</b>	
3.4 CITY - ST - ZIP	<b>Plant City, FL 33566</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>McIsaac, Brenda</b>	
4.3 STREET ADDRESS	<b>8700 Lupton Place</b>	
4.4 CITY - ST - ZIP	<b>Plant City, FL 33567</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>600001880716</b>	
5.4 CITY - ST - ZIP	<b>-07/01/96--01043--037</b>	
6.1 TITLE	<b>PPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Hurner, Steve</b>	
6.3 STREET ADDRESS	<b>1308 Grant St</b>	
6.4 CITY - ST - ZIP	<b>Plant City FL 33566</b>	

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-96**

**813 752 6155**

Date

Daytime Phone #

CR2E037 (12/95)