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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33564-0100 US
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21 2. Principal Place of Business	2a 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3 3. Date Incorporated or Qualified 04/09/1962	3a 3a. Date of Last Report 06/28/1996
4 4. FEI Number 59-2126133	Applied For Not Applicable
5 5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> DELETE
NAME	GRANGER, MICKIE
STREET ADDRESS	308 W. ALEXANDER ST.
CITY-ST-ZIP	PLANT CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCDANIEL, JIM
STREET ADDRESS	P.O. BOX C N/A
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	PD <input type="checkbox"/> DELETE
NAME	WHITE, CHARLES
STREET ADDRESS	104 B EVERS STREET
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	D <input type="checkbox"/> DELETE
NAME	MCISAAC, BRENDA
STREET ADDRESS	8490 LIPTON PL
CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	SD <input type="checkbox"/> DELETE
NAME	WHITMILL, SANDY
STREET ADDRESS	202 S. WHEELER ST.
CITY-ST-ZIP	PLANT CITY FL
TITLE	PPD <input checked="" type="checkbox"/> DELETE
NAME	HURNER, STEVE
STREET ADDRESS	1308 GRANT ST
CITY-ST-ZIP	PLANT CITY FL 33566

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JIM PARSONS
6.3 STREET ADDRESS	1302 FAIRLEE ST.
6.4 CITY-ST-ZIP	LAKELAND FL 33803

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E037 (9/96)