

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified

04/09/1962

4. FEI Number

59-2126133

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	Walden, Dan
82 Street Address (P.O. Box Number is Not Acceptable)	202 W. Reynolds St.
83	
84 City	Plant City
85 Zip Code	FL 33566

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 reinstating)

DATE

MARCH 19, 1998

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" 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	D	<input type="checkbox"/> DELETE
NAME	PARSONS, JIM	
STREET ADDRESS	1302 FAIRLEE ST	
CITY-ST-ZIP	LAKELAND FL	

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 checked="" type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	Walden, Dan
3.4 CITY-ST-ZIP	202 W. Reynolds St
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Plant City FL
4.3 STREET ADDRESS	SD
4.4 CITY-ST-ZIP	33566
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

MARCH 19, 1998 (813) 752-4155

CR2E037 (10/97)