


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>202 W. REYNOLDS STREET PLANT CITY FL 33566 US</b>	Mailing Address <b>PO BOX 100 POST OFFICE BOX 100 PLANT CITY FL 33564 US</b>
<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>04/09/1962</b>	
<b>4.</b> FEI Number <b>59-2126133</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

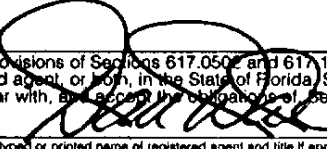
**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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

**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:  DATE: **MARCH 19, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>TD</b>	NAME <b>GRANGER, MICKIE</b>	<input type="checkbox"/> DELETE	1.1 TITLE
STREET ADDRESS <b>308 W. ALEXANDER ST.</b>	CITY-ST-ZIP <b>PLANT CITY FL</b>		1.2 NAME
TITLE <b>D</b>	NAME <b>MCDANIEL, JIM</b>	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
STREET ADDRESS <b>P.O. BOX C N/A</b>	CITY-ST-ZIP <b>PLANT CITY FL 33566</b>		1.4 CITY-ST-ZIP
TITLE <b>PD</b>	NAME <b>WHITE, CHARLES</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
STREET ADDRESS <b>104 B EVERS STREET</b>	CITY-ST-ZIP <b>PLANT CITY FL 33566</b>		2.2 NAME
TITLE <b>D</b>	NAME <b>MCISAAC, BRENDA</b>	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
STREET ADDRESS <b>8490 LIPTON PL</b>	CITY-ST-ZIP <b>PLANT CITY FL 33567</b>		2.4 CITY-ST-ZIP
TITLE <b>SD</b>	NAME <b>WHITMILL, SANDY</b>	<input type="checkbox"/> DELETE	3.1 TITLE
STREET ADDRESS <b>202 S. WHEELER ST.</b>	CITY-ST-ZIP <b>PLANT CITY FL</b>		3.2 NAME
TITLE <b>D</b>	NAME <b>PARSONS, JIM</b>	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
STREET ADDRESS <b>1302 FAIRLEE ST</b>	CITY-ST-ZIP <b>LAKELAND FL</b>		3.4 CITY-ST-ZIP
			4.1 TITLE
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

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**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:  DATE: **MARCH 19, 1998 (813) 752-4155**

CR2E037 (10/97)