FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **720484** (5)

1. Corporation Name

HEART OF FLORIDA UNITED WAY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~200 SOUTH ORANGE AVE~~ 1751 Grace Hopper Ave., B 2006 ORLANDO FL ~~32801~~ 32814-0636 US	P. O. BOX ~~2709~~ 140636 ORLANDO FL ~~32802-2709~~ 32814-0636

3. Date Incorporated or Qualified: 03/12/1971
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-0808854 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1751 Grace Hopper Ave.	26 PO Box 140636
22 Suite, Apt. #, etc. Building 2006	27 Suite, Apt. #, etc.
23 City & State Orlando, FL	28 City & State Orlando, FL
24 Zip 32814-0636 25 Country US	29 Zip 32814-0636 30 Country US

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DYMOND WILLIAM T JR 215 N EOLA DR ORLANDO FL 32802	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

X SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/Immediate Past Chair	☒ Change ☐ Addition
NAME	NUNIS, RICHARD A	12 NAME	Nunis, Richard A.	
STREET ADDRESS	200 SOUTH ORANGE AVE	13 STREET ADDRESS	1751 Grace Hopper Ave., B 2006	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32814-0636	
TITLE	P	21 TITLE	Interim President	☒ Change ☒ Addition
NAME	NORVELL, LAWRENCE J.	22 NAME	Head, Napoleon	
STREET ADDRESS	200 S. ORANGE AVE.	23 STREET ADDRESS	1751 Gace Hopper Ave., B2006	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, Fl 32814-0636	
TITLE	D	31 TITLE	D, Campaign Chair 1995	☐ Change ☒ Addition
NAME	HOEPNER, THEODORE J.	32 NAME	Yochum, Thomas	
STREET ADDRESS	200 S. ORANGE AVE.	33 STREET ADDRESS	1751 Grace Hopper Ave. , B 2006	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32814-0636	
TITLE	D	41 TITLE	D, Chair of Board	☒ Change ☐ Addition
NAME	BAVA, JOHN M	42 NAME	Bava, John M.	
STREET ADDRESS	200 S ORANGE AVE	43 STREET ADDRESS	1751 Grace Hopper Ave., B 2006	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Orlando, FL 32814-0636	
TITLE	STD	51 TITLE	STD	☒ Change ☐ Addition
NAME	WERNER, THOMAS L	52 NAME	Werner, Thomas L.	
STREET ADDRESS	200 S ORANGE AVE	53 STREET ADDRESS	1751 Grace Hopper Ave., B 2006	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Orlando, FL 32814-0636	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Napoleon B Head — 4/18/95 (407) 897-6672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Interim President

0033412