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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720484

1. Corporation Name

HEART OF FLORIDA UNITED WAY, INC.

Principal Place of Business

1751 GRACE HOPPER AVE
BUILDING 2006
ORLANDO FL 32814-0636
US

Mailing Address

P O BOX 140636
ORLANDO FL 32814-0636
US



2. Principal Place of Business

21 1940 Traylor Blvd.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

Zip Country

24 32804

2a. Mailing Address

26 1940 Traylor Blvd.

Suite, Apt. #, etc.

City & State

28 Orlando, FL

Zip Country

29 32804

3. Date Incorporated or Qualified

03/12/1971

4. FEI Number

59-0808854

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DYMOND, WILLIAM T JR
215 N EOLA DR
ORLANDO FL 32802

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME YOCHUM, TOM
STREET ADDRESS 390 N. ORANGE AVENUE STE 900
CITY-ST-ZIP ORLANDO FL

TITLE P ☐ DELETE
NAME QUAIL, BRIAN T.
STREET ADDRESS 1751 GRACE HOPPER AVENUE B-2006
CITY-ST-ZIP ORLANDO FL

TITLE PCD ☐ DELETE
NAME MEDLIN, KEN
STREET ADDRESS 1751 GRACE HOPPER AVENUE #B2006
CITY-ST-ZIP ORLANDO FL

TITLE CD ☐ DELETE
NAME PUERNER, JOHN
STREET ADDRESS 1751 GRACE HOPPER AVE B-2006
CITY-ST-ZIP ORLANDO FL 32814-0636

TITLE STD ☐ DELETE
NAME WERNER, THOMAS L
STREET ADDRESS 1751 GRACE HOPPER AVE B-2006
CITY-ST-ZIP ORLANDO FL 32814-0636

TITLE D ☐ DELETE
NAME FRETWELL, PHILLIP
STREET ADDRESS 1751 GRACE HOPPER AVE B-2006
CITY-ST-ZIP ORLANDO FL 32814-0636

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Yochum, Tom
1.3 STREET ADDRESS 1940 Traylor Blvd.
1.4 CITY-ST-ZIP Orlando, FL 32804

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME Quail, Brian T.
2.3 STREET ADDRESS 1940 Traylor Blvd.
2.4 CITY-ST-ZIP Orlando, FL 32804

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Medlin, Ken
3.3 STREET ADDRESS 1940 Traylor Blvd.
3.4 CITY-ST-ZIP Orlando, FL 32804

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Puerner, John
4.3 STREET ADDRESS 1940 Traylor Blvd.
4.4 CITY-ST-ZIP Orlando, FL 32804

5.1 TITLE STD ☒ Change ☐ Addition
5.2 NAME Werner, Thomas L.
5.3 STREET ADDRESS 1940 Traylor Blvd.
5.4 CITY-ST-ZIP Orlando, FL 32804

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Fretwell, Phil
6.3 STREET ADDRESS 1940 Traylor Blvd.
6.4 CITY-ST-ZIP Orlando, FL 32804

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, with all other like empowered.

SIGNATURE:

JOSEPH W. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 407-835-0900
Date Daytime Phone #