

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -8 PM 3: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **722299** (5)  
1. Corporation Name  
**UNITED WAY OF PINELLAS COUNTY, INC.**

Principal Place of Business Mailing Address  
**2639 - 9TH STREET NORTH ST PETERSBURG FL 33704** **2639 - 9TH STREET NORTH ST PETERSBURG FL 33704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/16/1971</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>59-1370265</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>CLAWSON, RICHARD G. 2639 9TH STREET NORTH ST PETERSBURG FL 33704</b>	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	<b>FL</b> 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.

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 <b>CBD</b>	NAME <b>HERON, CATHERINE</b>	1.1 TITLE <b>CBD</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>490 1ST AVENUE S.</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	1.2 NAME <b>CROSS, MARY H.</b>	
		1.3 STREET ADDRESS <b>3619 16TH AVENUE N.</b>	
		1.4 CITY-ST-ZIP <b>ST. PETERSBURG, FL 33713</b>	
TITLE <b>VCD</b>	NAME <b>CARLISLE, STEVEN</b>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>2085 GULF TO BAY BLVD</b>	CITY-ST-ZIP <b>CLEARWATER FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	NAME <b>CLAWSON, RICHARD G.</b>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>2639 9TH ST N</b>	CITY-ST-ZIP <b>ST PETERSBURG, FL 00000</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>VCD</b>	NAME <b>CROSS, MARY H.</b>	4.1 TITLE <b>VCD</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>3619 16TH AVENUE NORTH</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	4.2 NAME <b>GARRETT, JAMES C.</b>	
		4.3 STREET ADDRESS <b>PO BOX 12248 N/A</b>	
		4.4 CITY-ST-ZIP <b>ST. PETERSBURG, FL 33733</b>	
TITLE <b>TD</b>	NAME <b>MAGERAS, DANIEL P</b>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>200 CENTRAL AVE STE 1600</b>	CITY-ST-ZIP <b>ST PETERSBURG FL</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>SD</b>	NAME <b>ZAHORIAN, STEPHEN G</b>	6.1 TITLE <b>TD</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>P O BOX 12288 NA</b>	CITY-ST-ZIP <b>ST PETERSBURG FL</b>	6.2 NAME <b>MARRAH, ROBERT G.</b>	
		6.3 STREET ADDRESS <b>11601 ROOSEVELT BLVD 144M</b>	
		6.4 CITY-ST-ZIP <b>ST PETERSBURG, FL 33716</b>	

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 110.07(5)(A), 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: *Richard G. Clawson* **2/17/95** **813/822-4183**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Typed Name)