

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 12/16/1971  
3a. Date of Last Report: 03/08/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1370265	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLAWSON, RICHARD G. 2639 9TH STREET NORTH ST PETERSBURG FL 33704				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CBD	<input checked="" type="checkbox"/> DELETE	11 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	SAM A. DAVIS, II ONE PROGRESS PLAZA, 19TH FLOOR ST PETERSBURG, FL 33733
NAME	CROSS, MARY H		12 NAME				
STREET ADDRESS	3619 16TH AVENUE N		13 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		14 CITY-ST-ZIP				
TITLE	VCD	<input type="checkbox"/> DELETE	21 TITLE	CBD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARLISLE, STEVEN		22 NAME				
STREET ADDRESS	2085 GULF TO BAY BLVD		23 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		24 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLAWSON, RICHARD G.		32 NAME				
STREET ADDRESS	2639 9TH ST N		33 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		34 CITY-ST-ZIP				
TITLE	VCD	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GARRETT, JAMES C		42 NAME				
STREET ADDRESS	P O BOX 12248 N/A		43 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		44 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	51 TITLE	VCD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAGERAS, DANIEL P		52 NAME				
STREET ADDRESS	200 CENTRAL AVE STE 1600		53 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		54 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	61 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARRAH, ROBERT G		62 NAME				
STREET ADDRESS	11601 ROOSEVELT BLVD., 144M		63 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		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)(k), 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 Date: 2/21/96 Telephone: 813/822-4833

CR2E037 (12/95)