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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33704-2719

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1971	3a. Date of Last Report 03/06/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1370265	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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			

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	TD	1.1 TITLE	CBD
NAME	DAVIS, SAM A II	1.2 NAME	DANIEL P. MAGERAS
STREET ADDRESS	1 PROGRESS PLAZA, 19TH FLOOR	1.3 STREET ADDRESS	200 CENTRAL AVE STE 5
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33711
TITLE	CBD	2.1 TITLE	VCD
NAME	CARLISLE, STEVEN	2.2 NAME	S. WAYNE MOCK
STREET ADDRESS	2085 GULF TO BAY BLVD	2.3 STREET ADDRESS	555 ULMERTON RD.
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	CLEARWATER, FL 34620
TITLE	PD	3.1 TITLE	VCD
NAME	CLAWSON, RICHARD G.	3.2 NAME	PAUL V. MELLINI
STREET ADDRESS	2639 9TH ST N	3.3 STREET ADDRESS	100 S. ASHLEY DR. STE 1000
CITY - ST - ZIP	ST PETERSBURG FL	3.4 CITY - ST - ZIP	TAMPA, FL 33602
TITLE	VCD	4.1 TITLE	TD
NAME	GARRETT, JAMES C	4.2 NAME	GORDON JOHNSON
STREET ADDRESS	P O BOX 12248 N/A	4.3 STREET ADDRESS	18167 US 19 NORTH STE 600
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	CLEARWATER, FL 34624
TITLE	VCD	5.1 TITLE	SD
NAME	MAGERAS, DANIEL P	5.2 NAME	HARRY L. SZE
STREET ADDRESS	200 CENTRAL AVE STE 1600	5.3 STREET ADDRESS	500 GARILLON PARKWAY
CITY - ST - ZIP	ST PETERSBURG FL	5.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33716
TITLE	SD	6.1 TITLE	PD
NAME	MARRAH, ROBERT G	6.2 NAME	RICHARD G. CLAWSON
STREET ADDRESS	11601 ROOSEVELT BLVD., 144M	6.3 STREET ADDRESS	2639 9TH STREET N.
CITY - ST - ZIP	ST PETERSBURG FL	6.4 CITY - ST - ZIP	ST PETERSBURG, FL 33704

14. I do 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: Richard G. Clawson, President 3/18/97 813/822-4183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050038

CR2E037 (9/96)