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Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-1370265  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CLAWSON, RICHARD G. 2639 9TH STREET NORTH ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent (81-85): BARBARA A. PACHECO, 2639 9TH STREET NORTH, ST PETERSBURG, FL 33704

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] BARBARA A. PACHECO, PRESIDENT 3/13/98

12. OFFICERS AND DIRECTORS

TITLE	CBD	<input checked="" type="checkbox"/> DELETE
NAME	MAGERAS, DANIEL P	
STREET ADDRESS	200 CENTRAL AVE., STE. 5	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	MOCK, S. W	
STREET ADDRESS	555 ULMERTON RD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MELLINI, PAUL V	
STREET ADDRESS	100 S. ASHLEY DR., STE. 1000	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, GORDON	
STREET ADDRESS	18167 U.S. 19 NORTH, STE. 600	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SZE, HARRY L	
STREET ADDRESS	800 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLAWSON, RICHARD G	
STREET ADDRESS	2639 9TH STREET N.	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOCK, S.W.	
1.3 STREET ADDRESS	555 ULMERTON RD	
1.4 CITY-ST-ZIP	CLEARWATER FL	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SZE, HARRY L	
2.3 STREET ADDRESS	800 CARILLON PARKWAY	
2.4 CITY-ST-ZIP	ST PETERSBURG FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	400 NORTH ASHLEY DR 15TH FL	
4.4 CITY-ST-ZIP	TAMPA, FL	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MURPHY, FRANK III	
5.3 STREET ADDRESS	17757 US 19 N SUITE 100	
5.4 CITY-ST-ZIP	CLEARWATER, FL	
6.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PACHECO BARBARA A.	
6.3 STREET ADDRESS	2639 9TH STREET N.	
6.4 CITY-ST-ZIP	ST PETERSBURG, FL	

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.  
SIGNATURE: [Signature] BARBARA A. PACHECO 3/13/98 813/822-4183

CFR2037 (10/97)