

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90014 037 ****61.25

DOCUMENT # 722299

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/16/1971

4. FEI Number

59-1370265

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

PACHECO, BARBARA A
2639 9TH ST N
ST PETERSBURG FL 33704

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SD	MURPHY, FRANK I	17757 US 19 N STE 100	CLEARWATER FL	<input checked="" type="checkbox"/>
CBD	MOCK, S. W	555 ULMERTON RD.	CLEARWATER FL	<input checked="" type="checkbox"/>
VCD	MELLINI, PAUL V	100 S. ASHLEY DR., STE. 1000	TAMPA FL	<input checked="" type="checkbox"/>
TD	JOHNSON, GORDON	400 NORTH ASHLEY DR, 15TH FL	TAMPA FL	<input checked="" type="checkbox"/>
VCD	SZE, HARRY L	800 CARILLON PARKWAY	ST PETERSBURG FL	<input type="checkbox"/>
PD	PACHECO, BARBARA A	2639 9TH ST N	ST PETERSBURG FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
SD	WORRELL, MARTHA	3135 1ST AVE. N.	ST. PETERSBURG, FL. 33730	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CBD	MELLINI, PAUL V	100 S. ASHLEY DR. STE 1000	TAMPA, FL. 33602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VCD	MURPHY FRANK III	17757 US 19 N. STE 100	CLEARWATER, FL. 33764	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	CASSIDY, DALE W.	101 E. KENNEDY BLVD.	TAMPA, FL 33602	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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:

Barbara A. Pacheco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7/27/99 Daytime Phone # (727) 822-4183

CR2E037 (5/99)