


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).

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

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

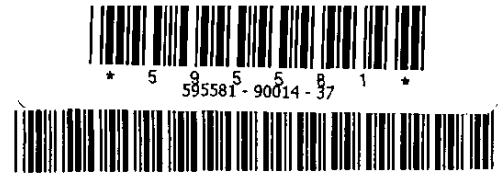
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722299

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/16/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1370265
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 7/8/99 (727) 822-4183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (5/99)