FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730441 (3)

1. Corporation Name

UNITED WAY OF ESCAMBIA COUNTY, INC.

Principal Place of Business	Mailing Address
1301 WEST GOVERNMENT STREET PENSACOLA FLORIDA 32501	1301 WEST GOVERNMENT STREET PENSACOLA FLORIDA 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1974
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-0651076 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

HENDRY, THOMAS E.
1301 WEST GOVERNMENT STREET
PENSACOLA FLORIDA FL 32501

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	DELETE	☒ Change ☐ Addition
NAME	MCKINNON, DENIS	12 NAME		
STREET ADDRESS	21 E. GARDEN ST.	13 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501	14 CITY-ST-ZIP		
TITLE	~~VD~~	21 TITLE	PD	☒ Change ☐ Addition
NAME	DYE, RICK	22 NAME		
STREET ADDRESS	70 N BAYLEN ST	23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	YOUNG, PAUL	32 NAME		
STREET ADDRESS	605 W. GARDEN ST	33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	STUMP, HARRY A DR	42 NAME		
STREET ADDRESS	100 W. GARDEN ST.	43 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000 32501	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	HENDRY, THOMAS E.	52 NAME		
STREET ADDRESS	1301 W GOVERNMENT	53 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	54 CITY-ST-ZIP		
TITLE		61 TITLE	V/D	☐ Change ☒ Addition
NAME		62 NAME	Dusty (F.M.) Fisher	
STREET ADDRESS		63 STREET ADDRESS	500 Bayfront Parkway	
CITY-ST-ZIP		64 CITY-ST-ZIP	Pensacola FL 32501	

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)(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: _____ 3/8/95 904-434-3157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ted Hendry