

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730441 (3)

1. Corporation Name

UNITED WAY OF ESCAMBIA COUNTY, INC.



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

3. Date Incorporated or Qualified: 08/14/1974
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0651076		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
24	Zip	25	Country	29	Zip	30	Country

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VP/D
NAME	FISHER, DUSTY	1.2 NAME	Kermit Housh
STREET ADDRESS	500 BAYFRONT PARKWAY	1.3 STREET ADDRESS	2190 Airport Blvd #3000
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola FL 32504
TITLE	PD	2.1 TITLE	
NAME	DYE, RICK	2.2 NAME	
STREET ADDRESS	70 N BAYLEN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	P
NAME	YOUNG, PAUL	3.2 NAME	Young, Paul
STREET ADDRESS	605 W. GARDEN ST	3.3 STREET ADDRESS	605 W Garden St
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	Pensacola FL 32501
TITLE	TD	4.1 TITLE	
NAME	STUMP, HARRY A DR	4.2 NAME	
STREET ADDRESS	100 W. GARDEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	HENDRY, THOMAS E.	5.2 NAME	
STREET ADDRESS	1301 W GOVERNMENT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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:

Thomas E. Hendry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

Date

901-434-3157

Daytime Phone #

CR2E037 (12/95)