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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 730441

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/14/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0651076	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HENDRY, THOMAS E. 1301 WEST GOVERNMENT STREET PENSACOLA FLORIDA FL 32501				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ 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	VPD <input type="checkbox"/> DELETE	1.1 TITLE	VCD (VICE CHAIRMAN) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRUM, BRITT	1.2 NAME	
STREET ADDRESS	6723 PLANTATION RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSH, KERMIT	2.2 NAME	
STREET ADDRESS	3720 CEYLON COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUMP, HARRY A	3.2 NAME	KEN NAYLOR
STREET ADDRESS	1739 NORTH 9TH AVENUE	3.3 STREET ADDRESS	316 S BAYLEN ST
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, THOMAS E.	4.2 NAME	
STREET ADDRESS	1301 W GOVERNMENT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWELL, CHARLES	5.2 NAME	
STREET ADDRESS	1000 COLLEGE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	CED (CHAIRMAN ELECT) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JEAN, NORMAN
STREET ADDRESS		6.3 STREET ADDRESS	418 W GARDEN ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PENSACOLA FL 32501

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: SIGNATURE REQUIRED 4-14-99 (850) 434-3157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)