

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 # 737145 (3)

1. Corporation Name
UNITED WAY OF HILLSBOROUGH COUNTY, INC.



Principal Place of Business: 110 E. OAK ST. TAMPA FL 33602 US
Mailing Address: P.O. BOX 172249 TAMPA FL 33672-0249

3. Date Incorporated or Qualified: 10/26/1976
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0799927
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
City & State: 27
Zip: 24 Country: 25
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: SCHEELER, KIM 110 E OAK STREET TAMPA FL 33602
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (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: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD NAME: FERMAN, CELIA STREET ADDRESS: 110 E. OAK ST. CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE: [Change] <input checked="" type="checkbox"/> 1.2 NAME: House, Joseph 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: D NAME: MEURER, BILL STREET ADDRESS: 110 E. OAK ST. CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	2.1 TITLE: [Change] <input checked="" type="checkbox"/> 2.2 NAME: Ivey, James 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: SD NAME: CONEY, CHLOE STREET ADDRESS: 110 E. OAK ST. CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	3.1 TITLE: [Change] <input checked="" type="checkbox"/> 3.2 NAME: Ferman, Celia 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: TD NAME: PACETTI, MIKE STREET ADDRESS: 110 E. OAK ST. CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE: [Change] <input checked="" type="checkbox"/> 4.2 NAME: Willis, Michael 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: D NAME: WILLIS, MIKE STREET ADDRESS: 110 E OAK STREET CITY-ST-ZIP: TAMPA FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: [Change] <input type="checkbox"/> 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: P NAME: SCHEELER, KIM STREET ADDRESS: 110 E OAK STREET CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	6.1 TITLE: [Change] <input type="checkbox"/> 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: [Signature] Kim Scheeler 3/14/96 813 274 0903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)