

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737145 (3)

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



Principal Place of Business		Mailing Address	
110 E. OAK ST. TAMPA FL 33602 US		P.O. BOX 172249 TAMPA FL 33672-0249	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
Country	Country	25	29

3. Date Incorporated or Qualified
10/26/1976

4. FEI Number
59-0799927

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 (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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD HOUSE, JOSEPH	1.1 TITLE	CD Meurer, William
NAME	110 E. OAK ST.	1.2 NAME	110 E. Oak St
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	Tampa FL 33602
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D IVEY, JAMES	2.1 TITLE	SD Sink, Alex
NAME	110 E. OAK ST.	2.2 NAME	110 E. Oak St
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	Tampa FL 33602
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD FERMAN, CELIA	3.1 TITLE	TD Larson, Jan
NAME	110 E. OAK ST.	3.2 NAME	110 E. Oak St
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	Tampa FL 33602
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD WILLIS, MICHAEL	4.1 TITLE	D Helman, Eric
NAME	110 E. OAK ST.	4.2 NAME	110 E. Oak St
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	Tampa FL 33602
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D WILLIS, MIKE	5.1 TITLE	D Adams, Tim
NAME	110 E OAK STREET	5.2 NAME	110 E Oak St
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	Tampa FL 33602
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P SCHEELER, KIM	6.1 TITLE	
NAME	110 E OAK STREET	6.2 NAME	
STREET ADDRESS	TAMPA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* **KIM SCHEELER** 3/19/98 813-274-0903

CR2E037 (10/97)