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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 737145

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

3. Date Incorporated or Qualified

21 **1000 NORTH ASHLEY**

26

10/26/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 **800**

27

59-0799927

Not Applicable

23 **TAMPA FL**

28

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 **33602** 25 **USA**

29

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEELER, KIM
 110 E OAK STREET
 TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1000 NORTH ASHLEY

83

SUITE 800

84 City

TAMPA

FL

85 Zip Code

33602

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

Kim Scheeler **KIM SCHEELER** **PRESIDENT**

1/25/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** DELETE
 NAME **MEURER, WILLIAM**
 STREET ADDRESS **110 E. OAK ST.**
 CITY-ST-ZIP **TAMPA FL 33602**

1.1 TITLE **CD** Change Addition
 1.2 NAME **MEURER, WILLIAM**
 1.3 STREET ADDRESS **1000 N. ASHLEY, Ste. 800**
 1.4 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **SD** DELETE
 NAME **SINK, ALEX**
 STREET ADDRESS **110 E. OAK ST.**
 CITY-ST-ZIP **TAMPA FL 33602**

2.1 TITLE **SD** Change Addition
 2.2 NAME **SINK, ALEX**
 2.3 STREET ADDRESS **1000 N. ASHLEY, STE. 800**
 2.4 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **TD** DELETE
 NAME **LARSON, JAN**
 STREET ADDRESS **110 E. OAK ST.**
 CITY-ST-ZIP **TAMPA FL 33602**

3.1 TITLE **TD** Change Addition
 3.2 NAME **PACETTI, MIKE**
 3.3 STREET ADDRESS **1000 N. ASHLEY, STE 800**
 3.4 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

TITLE **D** DELETE
 NAME **HELMAN, ERIC**
 STREET ADDRESS **110 E. OAK ST.**
 CITY-ST-ZIP **TAMPA FL 33602**

4.1 TITLE **D** Change Addition
 4.2 NAME **HELMAN, ERIC**
 4.3 STREET ADDRESS **1000 N. ASHLEY, STE 800**
 4.4 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

TITLE **D** DELETE
 NAME **ADAMS, TIM**
 STREET ADDRESS **110 E OAK STREET**
 CITY-ST-ZIP **TAMPA FL 33602**

5.1 TITLE **D** Change Addition
 5.2 NAME **ADAMS, TIM**
 5.3 STREET ADDRESS **1000 N. ASHLEY, STE 800**
 5.4 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

TITLE **P** DELETE
 NAME **SCHEELER, KIM**
 STREET ADDRESS **110 E OAK STREET**
 CITY-ST-ZIP **TAMPA FL**

6.1 TITLE **P** Change Addition
 6.2 NAME **SCHEELER, KIM**
 6.3 STREET ADDRESS **1000 N. ASHLEY, STE. 800**
 6.4 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-222-4655

CR2E037 (11/98)