

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753181

FILED
Mar 11, 2008
Secretary of State

Entity Name: UNITED WAY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

5605 HWY 98 S
HIGHLAND CITY, FL 33846357 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1357
HIGHLAND CITY, FL 33846357 US

New Mailing Address:

FEI Number: 59-2116280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTHINGTON, TERRY
5605 HWY 98 S
HIGHLAND CITY, FL 33846 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FITZWATER, JOHN
Address: PO BOX 408
City-St-Zip: LAKE LAND, FL 338020408

Title: TD () Delete
Name: MACDOUGALL, DAVE
Address: 200 AVE F NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD () Delete
Name: SHEETS, SANDRA
Address: PO BOX 32092
City-St-Zip: LAKE LAND, FL 33802

Title: P () Delete
Name: WORTHINGTON, TERRY
Address: 5605 HWY 98 S
City-St-Zip: HIGHLAND CITY, FL

Title: VPOF () Delete
Name: MARTIN, JILL
Address: 5605 HWY 98 S
City-St-Zip: HIGHLAND CITY, FL 33846

Title: VPCI () Delete
Name: BORGIA, PENNY
Address: 5605 HWY 98 S
City-St-Zip: HIGHLAND CITY, FL 33846

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: PRICE, CINDY
Address: PO BOX 271
City-St-Zip: WINTER HAVEN, FL 33882

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL MARTIN

VPOF

03/11/2008

Electronic Signature of Signing Officer or Director

Date