## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#753220** 

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Apr 26, 2005 Secretary of State

Entity Name: UNITED WAY OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 307 E. 7TH AVENUE TALLAHASSEE, FL 323035520 **Current Mailing Address: New Mailing Address:** 307-B EAST 7TH AVENUE TALLAHASSEE, FL 323035520 FEI Number: 59-2104175 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRANGER, THEODORE G. 307-B EAST 7TH AVENUE TALLAHASSEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ARMSTRONG, KEN Name: Name: 307 E. SEVENTH AVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: CD () Delete Title: (X) Change ( ) Addition DRY, WALTER Name: DRY, WALTER Name: Address: 3418 KNOTTY OAKS CIRCLE Address: 3418 KNOTTY OAKS CIRCLE City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: SPRING HILL, FL 34606 Title: () Delete Title: CD (X) Change ( ) Addition JAMES, TONI JAMES, TONI Name: Name: 1401 NE 2ND STREET Address: 1401 NE 2ND STREET Address: City-St-Zip: OCALA, FL 34478 City-St-Zip: OCALA, FL 34478 Title: () Delete Title: (X) Change ( ) Addition Name: FINNEY, MARILYN Name: POLACKWICH, ALAN 436 MAGNOLIA AVENUE Address: Address: 9301 A1A, SUITE 202 City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: KEN ARMSTRONG D 04/26/2005

() Delete

() Delete

1309 S.E. 25 LOOP, STE. 103

SHORE, MELANIE

411 NORTH MAIN

BARRINEAU, DIANE

OCALA, FL 34471

GAINESVILLE, FL 32601

() Change () Addition

(X) Change ( ) Addition

RAINS, ROBERT R

COCOA, FL 329226806

937 DIXON BLVD.