2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 762739

Entity Name: UNITED WAY OF PASCO COUNTY, INC.

Current Principal Place of Business:

8040 WASHINGTON STREET
STE 100
PORT RICHEY, FL 34673

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 609
PORT RICHEY, FL 34673

New Mailing Address:

FEI Number: 59-2193178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARNETT, SUSAN E PRESIDE
8040 WASHINGTON ST
100
NEW PORT RICHEY, FL 34673 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: TORRENCE, AL
Address: 8040 WASHINGTON STREET, SUITE 100
City-St-Zip: PORT RICHEY, FL 34673

Title: TD ( ) Delete
Name: GRABOWSKI, MARIANNE
Address: 8040 WASHINGTON STREET, SUITE 100
City-St-Zip: PORT RICHEY, FL 34673

Title: SD ( ) Delete
Name: O'NEIL, DALE
Address: 8040 WASHINGTON STREET, SUITE 100
City-St-Zip: PORT RICHEY, FL 34673

Title: D ( ) Delete
Name: MARINA, JOE
Address: 8040 WASHINGTON STREET, SUITE 100
City-St-Zip: PORT RICHEY, FL 34673

Title: P ( ) Delete
Name: ARNETT, SUSAN E
Address: 8040 WASHINGTON STREET, SUITE 100
City-St-Zip: PORT RICHEY, FL 34673

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: MARINA, JOE
Address: 8040 WASHINGTON STREET, SUITE 100
City-St-Zip: PORT RICHEY, FL 34673

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

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

Title: D (X) Change ( ) Addition
Name: TORRENCE, AL
Address: 8040 WASHINGTON STREET, SUITE 100
City-St-Zip: PORT RICHEY, FL 34673

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN E. ARNETT P 05/01/2006

Electronic Signature of Signing Officer or Director — Date