

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90038 050 ****70.00

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| DOCUMENT # N01000003742 | | | | | |
| 1. Entity Name UNITED WAY OF TAMPA BAY, INC. | | | | | |
| Principal Place of Business 18401 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 | | | Mailing Address 1000 N. ASHLEY DR. 800 TAMPA, FL 33602 | | |
| 2. Principal Place of Business 1000 N. ASHLEY DR. | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. 800 | | Suite, Apt. #, etc. | | | |
| City & State TAMPA FL | | City & State | | | |
| Zip 33602 | | Country USA | | Zip Country | |
| 4. FEI Number 59-3725701 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WEBER, DOUG 18401 US HWY 19 NORTH CLEARWATER, FL 33764 | | | 7. Name and Address of New Registered Agent Name: DIANA BAKER Street Address (P.O. Box Number is Not Acceptable): 1000 N. ASHLEY SUITE 800 City: TAMPA FL Zip Code: 33602 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Diana Baker</u> DATE: <u>3/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD CARSON, ROBIN 1000 N. ASHLEY STE. 800 TAMPA, FL 33602 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD SIMMONS, LINDA 14025 RIVEREDGE DR. STE 550 TAMPA, FL 33637 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SIMMONS, LINDA 14025 RIVEREDGE DR. STE 550 TAMPA, FL 33637 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DIANA BAKER 1000 N. ASHLEY STE 800 TAMPA, FL 33602 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DC BORRECA, JOHN 5405 SUNFLARE WAY LUTZ, FL 33558 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS TIM ADAMS ONE NORTH DALE MALEY TAMPA, FL 33609 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT BLOUNT, MIKE 1000 N. ASHLEY STE. 800 TAMPA, FL 33602 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WEBER, DOUG 18401 US HWY 19 NORTH CLEARWATER, FL 33764 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Linda O. Simmons</u> BOARD CHAIR <u>4/1/04</u> <u>813-632--</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |