

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90016 029 ****70.00

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1. Entity Name
UNITED WAY OF TAMPA BAY, INC.



Principal Place of Business
1000 N. AHSLEY DR. #800
TAMPA, FL 33602

Mailing Address
1000 N. ASHLEY DR.
800
TAMPA, FL 33602

00007076



2. Principal Place of Business
1000 N. Ashley Dr. #800

3. Mailing Address
Suite, Apt. #, etc.

03152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3725701

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, DIANA
1000 N. AHSLEY DR. #800
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DC
NAME MARSHALL, GENE ☐ Delete
STREET ADDRESS 1000 N. ASHLEY DR. #800
CITY-ST-ZIP TAMPA, FL 33602

TITLE DS
NAME DEE, KAREN ☒ Delete
STREET ADDRESS 1000 N. ASHLEY DR. #800
CITY-ST-ZIP TAMPA, FL 33602

TITLE DT
NAME BAILEY, ERIC ☐ Delete
STREET ADDRESS 1000 N. ASHLEY DR. #800
CITY-ST-ZIP TAMPA, FL 33602

TITLE P
NAME BAKER, DIANA ☐ Delete
STREET ADDRESS 1000 N. ASHLEY DR. #800
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D5
NAME Burke, Frank ☐ Change ☒ Addition
STREET ADDRESS 1000 N. Ashley Dr., #800
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Diana Baker / Diana Baker 3-22-06 813.274.0907