

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90024 026 ****70.00

DOCUMENT # N01000003742

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**



2. Principal Place of Business - No P.O. Box #

5201 West Kennedy Blvd

3. Mailing Address

5201 West Kennedy Blvd.

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

03112008 Chg-NP CR2E037 (12/06)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3725701

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

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)

5201 West Kennedy Blvd.

Suite 600

City **Tampa**

FL

Zip Code **33609**

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 \$61.25
Due by May 1, 2008**

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

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

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

TITLE ☐ Delete
NAME **DC MASON, STEVE**
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 ☒ Change ☐ Addition
NAME **DS Marshall, Gene**
STREET ADDRESS **5201 West Kennedy Blvd, suite 600**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☒ Change ☐ Addition
NAME **DT Bailey, Eric**
STREET ADDRESS **5201 West Kennedy Blvd, Suite 600**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☒ Change ☐ Addition
NAME **P Baker, Diana**
STREET ADDRESS **5201 West Kennedy Blvd, Suite 600**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☒ Change ☐ Addition
NAME **DC Mason, Steve**
STREET ADDRESS **5201 West Kennedy Blvd, Suite 600**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Change ☐ Addition
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:

Diana Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08 (813)274-0900

Date

Daytime Phone #