

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20347

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** UNITED WAY OF HERNANDO COUNTY, INC.

**Current Principal Place of Business:**

4030 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

4030 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 59-2848474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHRIEVES, SAM  
4030 COMMERCIAL WAY  
SPRING HILL, FL 34606 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: D  
Name: JONES, KATHY  
Address: 4030 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606

Title: D  
Name: KIMBROUGH, DEANNA  
Address: 4030 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606

Title: D  
Name: AUGUSTYNIAK, PAT  
Address: 4030 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606

Title: PD  
Name: PORTER, STEVE  
Address: 4030 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606

Title: D  
Name: WHARTON, GINA  
Address: 4030 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606

Title: D  
Name: WARD, FRANCINE  
Address: 4030 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606

I hereby 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 all other like empowered.

SIGNATURE: KATHY JONES

MS

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date