SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 12 AM 11:28
TALLAHASSEE FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **715398** **(4)**

1. Corporation Name
UNITED WAY OF SUWANNEE VALLEY, INC.

Principal Place of Business	Mailing Address
145 NORTH HERNANDO P.O. BOX 364 LAKE CITY FL 32056	145 NORTH HERNANDO P.O. BOX 364 LAKE CITY FL 32056

3. Date Incorporated or Qualified: 10/09/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1262354 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 GLEASON MALL	26 PO Box 7099
Suite, Apt. #, etc. 22 C 25	Suite, Apt. #, etc. 27
City & State 23 LAKE CITY, FL	City & State 28 LAKE CITY, FL
Zip / Country 24 32055 / 25 COLUMBIA	Zip / Country 29 32055 / 30 COLUMBIA

9. Name and Address of Current Registered Agent

BROWN, TOM W
10 N. COLUMBIA ST.
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable): GLEASON MALL C25
33
34 City: LAKE CITY FL 35 Zip Code: 32055

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ADAMS, LLOYD	1.2 NAME	DAVID M. ROUNTREE	
STREET ADDRESS	150 W. MADISON ST.	1.3 STREET ADDRESS	HWY 41 N	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GRAHAM, OZELL	2.2 NAME	OZELL GRAHAM	
STREET ADDRESS	CR 137	2.3 STREET ADDRESS	CR 137	
CITY-ST-ZIP	WHITE SPRINGS FL	2.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BURCH, BETSY	3.2 NAME	ROBERT WOODARD	
STREET ADDRESS	150 W. MADISON ST.	3.3 STREET ADDRESS	201 N MARION ST	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	DUNCAN, DONNA	4.2 NAME	DONNA DUNCAN	
STREET ADDRESS	1420 SOUTH FIRST	4.3 STREET ADDRESS	1420 SOUTH FIRST	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	D	5.1 TITLE	JEFF SIMMONS	☒ Change ☐ Addition
NAME	LEVY, DELESTINE	5.2 NAME	310 E DUVAL ST.	
STREET ADDRESS	COUNTY RT. 341	5.3 STREET ADDRESS	LAKE CITY, FL 32055	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	S	☒ Change ☐ Addition
NAME	MONTGOMERY, EDWIN F. JR.	6.2 NAME	MARY BROWN WHITEHURST	
STREET ADDRESS	627 EVERGREEN	6.3 STREET ADDRESS	FRONTIER DR	
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	LAKE CITY, FL 32055	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further I certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PRESIDENT, DAVID ROUNTREE 6/29/95 (904)752-5604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001065