

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 715398 (4)

1. Corporation Name

UNITED WAY OF SUWANNEE VALLEY, INC.



Principal Place of Business

Mailing Address

GLEASON MALL
C-25
LAKE CITY FL 32055

P.O. BOX 7088
LAKE CITY FL 32055

3. Date Incorporated or Qualified
10/09/1968

3a. Date of Last Report
07/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, TOM W
GLEASON MALL
C-25
LAKE CITY FL 32055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME ROUNTREE, DAVID
STREET ADDRESS HWY. 41 NORTH
CITY-ST-ZIP WHITE SPRINGS FL 32096

11 TITLE PD Change Addition
12 NAME Ozell Graham
13 STREET ADDRESS CR 137
14 CITY-ST-ZIP White Springs, FL 32096

TITLE VD DELETE
NAME GRAHAM, OZELL
STREET ADDRESS CR 137
CITY-ST-ZIP WHITE SPRINGS FL 32096

21 TITLE VD Change Addition
22 NAME John Kuykandall
23 STREET ADDRESS 201 S. Marion Street
24 CITY-ST-ZIP Lake City, FL 32055

TITLE TD DELETE
NAME WOODWARD, ROBERT
STREET ADDRESS 201 N. MARION ST.
CITY-ST-ZIP LAKE CITY FL 32055

31 TITLE TD Change Addition
32 NAME John Burns
33 STREET ADDRESS First Street, South
34 CITY-ST-ZIP Lake City, FL 32055

TITLE D DELETE
NAME DUNCAN, DONNA
STREET ADDRESS 1420 SOUTH FIRST
CITY-ST-ZIP LAKE CITY FL 32055

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D DELETE
NAME SIMMONS, JEFF
STREET ADDRESS 3103 E. DUVAL STR.
CITY-ST-ZIP LAKE CITY FL 32055

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE S DELETE
NAME WHITEHURST, MARY BROWN
STREET ADDRESS FRONTIER DR.
CITY-ST-ZIP LAKE CITY FL 32055

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), Florida Statutes. I further 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: *Ozell Graham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96
Date

904-752-5604
904-997-8639
Dialing Phone #

CR2E037 (12/95)