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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: GLEASON MALL C-25 LAKE CITY FL 32055
Mailing Address: P.O. BOX 7088 LAKE CITY FL 32055-0088

3. Date Incorporated or Qualified: 10/09/1968
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 59-1262354
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
BROWN, TOM W
GLEASON MALL
C-25
LAKE CITY FL 32055

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROUNTREE, DAVID HWY. 41 NORTH WHITE SPRINGS FL 32096	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, OZELL CR 137 WHITE SPRINGS FL 32096	<input checked="" type="checkbox"/> DELETE	1.2 NAME John G. Kuykendall
STREET ADDRESS	WOODWARD, ROBERT 201 N. MARION ST. LAKE CITY FL 32055	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 201 South First Street
CITY-ST-ZIP	DUNCAN, DONNA 1420 SOUTH FIRST LAKE CITY FL 32055	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Lake City, FL 32025
TITLE	S WHITEHURST, MARY BROWN FRONTIER DR. LAKE CITY FL 32055	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President-Elect D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME Raymond A. Logan
STREET ADDRESS			2.3 STREET ADDRESS 1927 South First Street
CITY-ST-ZIP			2.4 CITY-ST-ZIP Lake City, FL 32025
TITLE			3.1 TITLE Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME John W. Burns, III
STREET ADDRESS			3.3 STREET ADDRESS 200 South First Street
CITY-ST-ZIP			3.4 CITY-ST-ZIP Lake City, FL 32025
TITLE			4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME Donna Duncan
STREET ADDRESS			4.3 STREET ADDRESS 1420 South First
CITY-ST-ZIP			4.4 CITY-ST-ZIP Lake City, FL 32055
TITLE			5.1 TITLE VC-President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME Robert Garner
STREET ADDRESS			5.3 STREET ADDRESS 3890 South First Street
CITY-ST-ZIP			5.4 CITY-ST-ZIP Lake City, FL 32025
TITLE			6.1 TITLE S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME Jeff Simmons
STREET ADDRESS			6.3 STREET ADDRESS 3103 East Duval
CITY-ST-ZIP			6.4 CITY-ST-ZIP Lake City, FL 32055

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John G. Kuykendall Pres.* 3/17/97 904-255-9018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000598

CR2E037 (9/96)