

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

3. Date Incorporated or Qualified 10/09/1968	
4. FEI Number 59-1262354	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KUYKENDALL, JOHN G	
STREET ADDRESS	201 SO FIRST ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOGAN, RAYMOND A	
STREET ADDRESS	1927 SOUTH FIRST ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURNS, JOHN W	
STREET ADDRESS	200 SO FIRST ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNCAN, DONNA	
STREET ADDRESS	1420 SO FIRST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, JEFF	
STREET ADDRESS	3103 E. DUVAL STR.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, JEFF	
STREET ADDRESS	3103 EAST DUVAL	
CITY-ST-ZIP	LAKE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Raymond A. Logan	
1.3 STREET ADDRESS	1927 S. First Street	
1.4 CITY-ST-ZIP	Lake City, FL 32025	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert M. Garner, III	
2.3 STREET ADDRESS	3890 S. First Street	
2.4 CITY-ST-ZIP	Lake City, FL 32025	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donna R. Duncan	
4.3 STREET ADDRESS	300 Circle Drive	
4.4 CITY-ST-ZIP	Lake City, FL 32055	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D. Thomas Sawyer	
5.3 STREET ADDRESS	Rt. 15, Box 3848	
5.4 CITY-ST-ZIP	Lake City, FL 32024	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	F. Dwight Wilson	
6.3 STREET ADDRESS	108 E. Howard Street	
6.4 CITY-ST-ZIP	Live Oak, FL 32060	

14. I 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 _____ 3/14/98 611-961-9926

CR2E037 (10/97)