

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90125 040 ****61.25

0000705

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 715398

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
---	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/09/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1262354
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BROWN, TOM W GLEASON MALL 10 Columbia Ave 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LOGAN, RAYMOND A. 1927 S. FIRST STREET LAKE CITY FL 32025	1.1 TITLE PD	Robert M. Garner, III
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	Rt. 10, Pox 416-W
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Lake City, FL 32025
TITLE PD	LOGAN, RAYMOND A. 1927 SOUTH FIRST ST LAKE CITY FL	2.1 TITLE CD	Mr. D. Thomas Sawyer
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	P.O. Box 300
CITY-ST-ZIP		2.4 CITY-ST-ZIP	White Springs, FL 32096
TITLE TD	BURNS, JOHN W 200 SO FIRST ST LAKE CITY FL	3.1 TITLE vD	Mr. Jeff Collins
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	4255 US Hwy 90 W
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake City, FL 32055
TITLE D	DUNCAN, DONNA R. 300 CICLE DRIVE LAKE CITY FL 32055	4.1 TITLE TD	Donna R. Duncan
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	441 S. Alachua Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake City, FL 32025
TITLE VD	SAWYER, D. THOMAS RT. 15, BOX 3848 LAKE CITY FL 32024	5.1 TITLE SD	Mr. John G. Kuykendall
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	210 S. First Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lake City, FL 32025
TITLE PD	GARNER, ROBERT M. III 3890 S. FIRST STREET LAKE CITY FL 32025	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with an other like empowered.

SIGNATURE: _____ Date: 3/11/99 Daytime Phone #: 904-757-6555

CR2E037 (1/98)