2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 04, 2005 8:00 am Secretary of State

1. Entity Name UNITED WAY	NT # 715398 OF SUWANNEE VALL	04	1-04-2005 <u>9</u>	90088 026	5 ****61	.25			
Principal Place of Business 42 325 NE HERNANDO AVE. SUITE 102 LAKE CITY, FL 32055 40		Mailing Address						3332	
Principal Place of Business 3. Mailing Address				•					
Suite, Apt. #, etc. Suite. Apt. #, etc.					03292005 Ch	g- N P	CR2E037 (10/03)	
City & State		City & State			4FEI Number 59-1262354		<u>.</u>	<u> </u>	lied For Applicable
Zip	Country	Zip -	Co	untry	5. Certificate of Status Desired 7. Name and Address of New Registere 7. Name and Address of New Registere			.75 Addit Required	
6. Name and Address of Current Registered Agent BROWN, TOM W 19 COLUMBIA AVE C-25- LAKE CITY, FL 32055					Address (P.O. Bo, Number is Noi Acceptable) NW Columbia Ave				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both; in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, inped to printed harme of registered agent and table if abblicable in the purpose of changing its registered agent, or both; in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, inped to printed harme of registered agent and table if abblicable in the purpose of changing its registered agent, or both; in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both; in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, inped to printed harme of registered agent and table if abblicable in the purpose of changing its registered agent, or both; in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, inped to printed harme of registered agent and table if abblicable in the purpose of the purpose									
Due by May 1, 2005 Trust Fund Con OFFICERS AND DIRECTORS			iontribu		Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE D NAME LLOY STREET ADDRESS RT 13	D, VERNON B BOX 331-29 1534 CITY, FL 32055	☐ Delete	TITE NAM STR	.E	<u>ABBITIONS/GETANOS</u>	<u> </u>] Change	Addition
STREET ADDRESS RT 1	O, MAUREEN 3-BOX 331-29 1 CITY, FL 32055	TITE NAM STR CITY	ME Dr	149 SE Vocational PL, Lake City, F					
NAME WES	f President LEY, SMALL T OX 2199 : CITY, FL 32056		Pre EET ADDOCS Gar	President Sarry Karsner 340 NW Commerce Dr, Lake City, FL320					
STREET ADDRESS 4307	S. LEE B W US HWY 90 CITY, FL 32055		we Je	Treasurer Jennifer B. Adams 340 NW Commerce Dr, Lake City, FL					
NAME BURI STREET ADDRESS 100+	rector LEY, JOHN HFIRST ST 160 NV CITY, FL 32055	□ Delete V Main Blvd.		i i] Change	32055 Rodrige 5
SIREET ADDRESS 1518 CITY-ST-ZIP LAKE	I, HOPKINS US HWY 90 W CITY, FL 32055 hat the information supplied with	☐ Delete	CtT	ME IEET ADORESS Y-ST-ZIP	Section 119.07/3V/). Election	ricia Statutos II		Change	Addition

Indicated on this report or supplied with this little destroy of the exemption stated in Section 19.07(3)(), Florida Statutes. Tutther certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR