


FILED
May 01, 2007 8:00 am
Secretary of State

04-18-2007 90184 048 ****70.00

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 715398					
1. Entity Name UNITED WAY OF SUWANNEE VALLEY, INC.					
Principal Place of Business 325 NE HERNANDO AVE. SUITE 102 LAKE CITY, FL 32055			Mailing Address 325 NE HERNANDO AVE. SUITE 102 LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>325 NE HERNANDO AVE.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1262354	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, TOM W 116 NW COLUMBIA AVE LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP BURLEY, JOHN 460 NW MAIN BLVD LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT John Burley 535 S. OHIO AVE LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT John Kasak 904 SW SR 247 LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT Joe Flanagan 9225 County Road 49 LIVE OAK, FL 32060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Natalie Park 340 NW Commerce Dr LAKE CITY, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Michelle Rosbury 340 NW Commerce Dr. LAKE CITY, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. TREASURER Cessia Cothran 350 SW MAIN BLVD. LAKE CITY, FL 32025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>		Date: 4-17-07		Daytime Phone #: 386-752-5604	

ATTACHMENT

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Additions to Officers and Directors

Title	Name	Street	City St. Zip
Past President	John Burley	535 S. Ohio Ave	Live Oak, FL 32064
President	John Kasak	904 SW SR 247	Lake City, FL 32025
President Elect	Joe Flanagan	9225 CR 49	Live Oak, FL 32060
Treasurer	Natalie Park	340 NW Commerce Dr.	Lake City, FL 32055
Secretary	Michelle Rosbury	340 NW Commerce Dr.	Lake City, FL 32055
Asst. Treasurer	Cessie Cothran	350 SW Main Blvd.	Lake City, FL 32025

ATTACHMENT

United Way
of Suwannee Valley

325 NE Hernando Ave., Suite 102
Lake City, FL 32055-4015
Phone: (386) 752-5604
Fax: (386) 752-0105
email: unitedway@bellsouth.net



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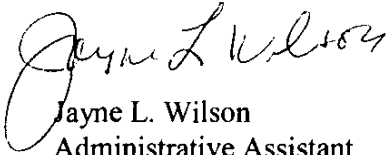
May 1, 2007

Florida Department of State
Division of corporations
PO Box 6327
Tallahassee, FL 32314

Reference number: 715398

I received notice that my report has not been filed because I did not provide the title of each officer listed on the report. Please review the report again. I did provide the title, which I have now highlighted. I have also attached a typed version of the same report for your convenience.

Sincerely,


Jayne L. Wilson
Administrative Assistant

enclosure