
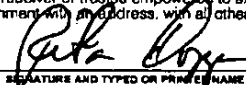


**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

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

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

<b>DOCUMENT # 715398</b>					
1. Entity Name <b>UNITED WAY OF SUWANNEE VALLEY, INC.</b>					
Principal Place of Business <b>325 NE HERNANDO AVE. SUITE 102 LAKE CITY, FL 32055</b>			Mailing Address <b>325 NE HERNANDO AVE. SUITE 102 LAKE CITY, FL 32055</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>325 NE HERNANDO AVE.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1262354</b>	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BROWN, TOM W 116 NW COLUMBIA AVE LAKE CITY, FL 32055</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	<b>PP</b>	<input type="checkbox"/> Delete		TITLE	<b>PAST PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURLEY, JOHN</b>			NAME	<b>John Burley</b>
STREET ADDRESS	<b>460 NW MAIN BLVD</b>			STREET ADDRESS	<b>535 S. OHIO AVE</b>
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>			CITY-ST-ZIP	<b>LIVE OAK, FL 32064</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<b>John Kasak</b>
STREET ADDRESS				STREET ADDRESS	<b>904 SW SR 247</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>LAKE CITY, FL 32025</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<b>PRESIDENT ELECT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<b>Joe Flanagan</b>
STREET ADDRESS				STREET ADDRESS	<b>9225 County Road 49</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<b>Natalie Park</b>
STREET ADDRESS				STREET ADDRESS	<b>340 NW Commerce Dr</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<b>Michelle Rosbury</b>
STREET ADDRESS				STREET ADDRESS	<b>340 NW Commerce Dr.</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<b>ASST. TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	<b>Cessia Cothran</b>
STREET ADDRESS				STREET ADDRESS	<b>350 SW MAIN BLVD.</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>LAKE CITY, FL 32025</b>
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: 		Date: <b>4-17-07</b>		Daytime Phone #: <b>386-752-5604</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

*VOID*



# ATTACHMENT

66012387  
# 715398

## 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



*66012387*  
*# 715398*

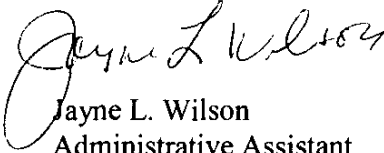
May 1, 2007

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