

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715398

FILED
Feb 15, 2011
Secretary of State

Entity Name: UNITED WAY OF SUWANNEE VALLEY, INC.

Current Principal Place of Business:

325 NE HERNANDO AVE.
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

325 NE HERNANDO AVE.
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-1262354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, TOM W
116 NW COLUMBIA AVE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PP
Name: MOSES, JIM
Address: PO BOX 2029
City-St-Zip: LAKE CITY, FL 32056

Title: P
Name: MIZER, KAREN
Address: 566 SW ARLINGTON AVE, #103
City-St-Zip: LAKE CITY, FL 32025

Title: T
Name: COTHRAN, CECELIA
Address: PO BOX 2199
City-St-Zip: LAKE CITY, FL 32056

Title: AT
Name: HICKMAN, TRACY
Address: 149 SE COLLEGE PLACE
City-St-Zip: LAKE CITY, FL 32025

Title: S
Name: DICICCO, ROSANNE
Address: 3049 N US HWY 441
City-St-Zip: LAKE CITY, FL 32055

Title: PE
Name: MCKEE, MIKE
Address: 149 SE COLLEGE PLACE
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RITA DOPP

ED

02/15/2011

Electronic Signature of Signing Officer or Director

Date