

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055641

FILED
Apr 12, 2007
Secretary of State

Entity Name: UNITED WAY OF ESCAMBIA COUNTY FOUNDATION, LLC

Current Principal Place of Business:

1301 WEST GOVERNMENT STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1301 WEST GOVERNMENT STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEUCHTMAN, GARY B
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NORMAN, JEAN
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR () Delete
Name: TIMBERLAKE, STEVE
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR () Delete
Name: LEUCHTMAN, GARY B
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR () Delete
Name: SPEARS, MARY ELLEN
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR () Delete
Name: APPLEYARD, JOHN
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR () Delete
Name: KAHN, SUZANNE
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEAN NORMAN

MGR

04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date