

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055641

FILED
May 03, 2010
Secretary of State

Entity Name: UNITED WAY OF ESCAMBIA COUNTY FOUNDATION, LLC

Current Principal Place of Business:

1301 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

1301 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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
Name: NORMAN, JEAN
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR
Name: TIMBERLAKE, STEVE
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR
Name: HUNTER, MARTHA ANN
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR
Name: LOGAN, FLACK
Address: 129 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR
Name: APPLEYARD, JOHN
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR
Name: HOUSH, SKIP
Address: 1304 TOUR DRIVE
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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

05/03/2010

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