2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 715398

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 ( ) Delete
Name: KASAK, JOHN
Address: 904 SW SR 247
City-St-Zip: LAKE CITY, FL 32025

Title: P ( ) Delete
Name: FLANAGAN, JOE
Address: 904 SW SR 247
City-St-Zip: LAKE CITY, FL 32025

Title: PE ( ) Delete
Name: MOSES, JIM
Address: 4705 US HWY 90 W
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete
Name: PARK, NATALIE
Address: 340 NW COMMERCE DR
City-St-Zip: LAKE CITY, FL 32055

Title: S ( ) Delete
Name: ROSBURY, MICHELLE
Address: 3110 NW COMMERCE DR
City-St-Zip: LAKE CITY, FL 32055

Title: AT ( ) Delete
Name: COTHRAN, CESSIA
Address: 350 SW MAIN BLVD
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change ( ) Addition
Name: FLANAGAN, JOE
Address: 9225 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060

Title: P (X) Change ( ) Addition
Name: MOSES, JIM
Address: 4705 US HWY 90 W
City-St-Zip: LAKE CITY, FL 32025

Title: T (X) Change ( ) Addition
Name: COTHRAN, CECELIA
Address: PO BOX 2199
City-St-Zip: LAKE CITY, FL 32056

Title: AT (X) Change ( ) Addition
Name: PARK, NATALIE
Address: 340 NW COMMERCE DR
City-St-Zip: LAKE CITY, FL 32055

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

Title: PE (X) Change ( ) Addition
Name: MIZER, KAREN
Address: 2580 SW WINDSONG CIRCLE
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM MOSES PRES 03/20/2009
Electronic Signature of Signing Officer or Director — Date