

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715398

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC9683150521**

**Entity Name:** UNITED WAY OF SUWANNEE VALLEY, INC.

**Current Principal Place of Business:**

871 SW STATE ROAD 47  
LAKE CITY, FL 32025-0433

**Current Mailing Address:**

871 SW STATE ROAD 47  
LAKE CITY, FL 32025-4033 US

**FEI Number:** 59-1262354

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BROWN, TOM W  
393 NW OVERFLOW DRIVE  
LAKE CITY, FL 32055 US

*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

**Officer/Director Detail :**

Title PP  
Name WILLIAMS, MIKE  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

Title P  
Name MCCLENDON, STEPHANIE  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title TREASURER  
Name HICKMAN, TRACY PHD  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title S  
Name ROSBURY, MICHELLE  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

Title PE  
Name GODWIN, GARY  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title CEO  
Name DOPP, RITA  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title DIRECTOR  
Name DAMPIER, CHRIS  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title DIRECTOR  
Name COCHRAN, PAM  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

**Continues on page 2**

*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

**EXECUTIVE DIRECTOR**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MOFFSES, TOM  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title DIRECTOR  
Name BURKHARDT, KARL  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title ASST. TREASURER  
Name KEEN, KYLE  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title DIRECTOR  
Name LLOYD, VERN  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title DIRECTOR  
Name MORGAN, SHAYNE  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title DIRECTOR  
Name BURLEY, JOHN  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title DIRECTOR  
Name FENNEMAN, DON  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title DIRECTOR  
Name JONES, GEORGIA  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033

Title DIRECTOR  
Name HUGGINS, DANA  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-4033