

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715398

**FILED
Mar 15, 2017
Secretary of State
CC8799178649**

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:

BURNS, JOHN W III
234 SW MAIN BLVD.
LAKE CITY, FL 32025 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 DIRECTOR
Name WILLIAMS, MIKE
Address 871 SW STATE ROAD 47
City-State-Zip: LAKE CITY FL 32025-0433

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

Title PP
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 PE
Name FENNEMAN, DON
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

Title DIRECTOR
Name BURLEY, JOHN
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

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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

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name COTHRAN, CECILIA
Address 871 SW STATE ROAD 47
City-State-Zip: LAKE CITY FL 32025

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