

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715398

**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 SECRETARY  
Name FENNEMAN, DON  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

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

Title PRESIDENT  
Name SIMPSON, LORI  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

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

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

**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:** JENNIFER ANCHORS

**EXECUTIVE DIRECTOR**

**04/06/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name ROBINSON, KECIA  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

Title DIRECTOR  
Name COBB, RENEE  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

Title TREASURER  
Name COWEN, CHARLIE  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

Title VP  
Name ROBINSON, KECIA  
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 TREASURER  
Name COWAN, CHARLIE  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

Title DIRECTOR  
Name DOONAN, BARBARA  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

Title DIRECTOR  
Name PERLA, CALEB  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

Title CEO  
Name ANCHORS, JENNIFER  
Address 871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025-0433

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