

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715398

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC6156704473**

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

**Current Principal Place of Business:**

325 NE HERNANDO AVENUE  
LAKE CITY, FL 32055

**Current Mailing Address:**

325 NE HERNANDO AVENUE  
LAKE CITY, FL 32055

**FEI Number: 59-1262354**

**Certificate of Status Desired: Yes**

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

BROWN, TOM W  
116 NW COLUMBIA AVENUE  
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 SAMPSON, CHRISTOPHER T.  
Address 325 NE HERNANDO AVENUE  
City-State-Zip: LAKE CITY FL 32055

Title P  
Name MARTZ, JOHN  
Address 325 NE HERNANDO AVENUE  
City-State-Zip: LAKE CITY FL 32055

Title TREASURER  
Name HICKMAN, TRACY  
Address 325 NE HERNANDO AVENUE  
City-State-Zip: LAKE CITY FL 32055

Title S  
Name ROSBURY, MICHELLE  
Address 3049 N US HWY 441  
City-State-Zip: LAKE CITY FL 32055

Title PE  
Name HILLHOUSE, EDWARD  
Address 325 NE HERNANDO AVENUE  
City-State-Zip: LAKE CITY FL 32055

Title CEO  
Name DOPP, RITA  
Address 325 NE HERNANDO AVENUE  
City-State-Zip: LAKE CITY FL 32055-4015

*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**

**03/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date