

2019 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 CONROY, SHEILA
Address 871 SW STATE ROAD 47
City-State-Zip: LAKE CITY FL 32025-0433

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

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

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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: JENNIFER ANCHORS

EXECUTIVE DIRECTOR

04/16/2019

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 DIRECTOR
Name MCCLENDON, MYRON
Address 871 SW STATE ROAD 47
City-State-Zip: LAKE CITY FL 32025-0433

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