

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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: No**

**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: JOHN BURNS**

**10/02/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name COCHRAN, PAM  
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

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

Title PAST PRESIDENT  
Name ROBINSON, KECIA  
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

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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**

**10/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title            RESOURCE DEVELOPMENT CHAIR  
Name            ROCCO, ABBEY  
Address         871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025

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

Title            MARKETING COMMITTEE CHAIR  
Name            MOORE, MICHELLE  
Address         871 SW STATE ROAD 47  
City-State-Zip: LAKE CITY FL 32025