

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730441

**Entity Name:** UNITED WAY OF ESCAMBIA COUNTY, INC.**Current Principal Place of Business:**1301 WEST GOVERNMENT STREET  
PENSACOLA, FL 32502**Current Mailing Address:**1301 WEST GOVERNMENT STREET  
PENSACOLA, FL 32502**FEI Number:** 59-0651076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILTON, TOM  
1301 W GOVERNMENT ST  
PENSACOLA, FL 32502 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	C
Name	JONES, DAVID MR.
Address	ONE ENERGY PLACE
City-State-Zip:	PENSACOLA FL 32520

Title	T
Name	SANDERS, BOB MR.
Address	70 N. BAYLEN STREET
City-State-Zip:	PENSACOLA FL 32502

Title	D
Name	ANTHONY, KATHY MRS.
Address	4400 BAYOU BLVD UNIT 6
City-State-Zip:	PENSACOLA FL 32503

Title	S
Name	ASMAR, MERI MRS.
Address	6120 ENTERPRISE DRIVE
City-State-Zip:	PENSACOLA FL 32505

Title	P
Name	KRIEGER, ANDREA MS.
Address	5428 COLINAS VERDE DRIVE
City-State-Zip:	MILTON FL 32570

Title	OFF
Name	HILTON, TOM MR.
Address	1507 E. LA RUA STREET
City-State-Zip:	PENSACOLA FL 32501

*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:** TOM HILTON**OFFICER****03/20/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date