#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 735013** 

Entity Name: UNITED WAY OF NORTHWEST FLORIDA, INC.

**FILED** Jan 19, 2017 **Secretary of State** CC6302433718

## **Current Principal Place of Business:**

602 HARRISON AVENUE

SUITE 3

PANAMA CITY, FL 32401

## **Current Mailing Address:**

P.O. BOX 586

PANAMA CITY, FL 32402

FEI Number: 59-0863698 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

TAYLOR, ANDREW B 602 HARRISON AVENUE SUITE 3 PANAMA CITY, FL 32401 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: ANDREW B TAYLOR 01/19/2017

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

PANAMA CITY FL 32401

Officer/Director Detail:

CHAIRMAN OF THE BOARD Title Title TREASURER, SECRETARY CRAMER, WILLIAM SOWELL, JR, JERRY F Name Name 602 HARRISON AVENUE Address 626 LUVERNE AVENUE Address

SUITE 3

City-State-Zip: PANAMA CITY FL 32401

Title IMMEDIATE PAST CHAIRMAN Title **EXECUTIVE DIRECTOR** Name BAKER, PH.D., CARRIE

Name TAYLOR, ANDREW B 602 HARRISON AVENUE Address

518 MULBERRY AVE. Address SUITE 3

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32401

VC Title CHAIRMAN ELECT Title

Name RAGO, RON HAMILTON, SHARON Name

Address 602 HARRISON AVENUE Address **602 HARRISON AVENUE** SUITE 3

SUITE 3

City-State-Zip: City-State-Zip: PANAMA CITY FL 32401 PANAMA CITY FL 32401

**BOARD APPOINTEE TO EXECUTIVE** Title **BOARD APPOINTEE TO EXECUTIVE** Title

COMMITTEE COMMITTEE

BARRON, TINA Name CATRETT, SHAY Name

602 HARRISON AVENUE Address 602 HARRISON AVENUE Address

SUITE 3 SUITE 3

City-State-Zip: PANAMA CITY FL 32401 PANAMA CITY FL 32401 City-State-Zip:

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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.

01/19/2017 SIGNATURE: TIFFANI HINDS VP/COO

# Officer/Director Detail Continued:

Title VICE PRESIDENT/ CHIEF OPERATING OFFICER

Name HINDS, TIFFANI

Address 602 HARRISON AVENUE

SUITE 3

City-State-Zip: PANAMA CITY FL 32401