Entity Name: UNITED WAY OF NORTHWEST FLORIDA, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

602 HARRISON AVENUE SUITE 3 PANAMA CITY, FL 32401

DOCUMENT# 735013

Current Mailing Address:

P.O. BOX 586 PANAMA CITY, FL 32402

FEI Number: 59-0863698

Name and Address of Current Registered Agent:

TAYLOR, ANDREW B 602 HARRISON AVENUE SUITE 3 PANAMA CITY, FL 32401 US

FILED Jan 19, 2017 Secretary of State CC6302433718

Certificate of Status Desired: Yes

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	01/19/20	017
	Electronic Signature of Registered Agent	Date	

Officer/Director Detail :

Oncendirector Detail.				
	Title	CHAIRMAN OF THE BOARD	Title	TREASURER, SECRETARY
	Name	CRAMER, WILLIAM	Name	SOWELL, JR, JERRY F
	Address	602 HARRISON AVENUE	Address	626 LUVERNE AVENUE
	City-State-Zip:	SUITE 3 PANAMA CITY FL 32401	City-State-Zip:	PANAMA CITY FL 32401
			Title	IMMEDIATE PAST CHAIRMAN
	Title	EXECUTIVE DIRECTOR	Name	BAKER, PH.D., CARRIE
	Name	TAYLOR, ANDREW B	Address	602 HARRISON AVENUE
	Address	518 MULBERRY AVE.	Address	SUITE 3
	City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	PANAMA CITY FL 32401
	Title	VC	Title	CHAIRMAN ELECT
	Name	HAMILTON, SHARON	Name	RAGO, RON
	Address	602 HARRISON AVENUE SUITE 3	Address	602 HARRISON AVENUE SUITE 3
	City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	PANAMA CITY FL 32401
	Title	BOARD APPOINTEE TO EXECUTIVE COMMITTEE	Title	BOARD APPOINTEE TO EXECUTIVE COMMITTEE
	Name	BARRON, TINA	Name	CATRETT, SHAY
	Address	602 HARRISON AVENUE SUITE 3	Address	602 HARRISON AVENUE SUITE 3
	City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	PANAMA CITY FL 32401

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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: TIFFANI HINDS

VP/COO

01/19/2017

Electronic Signature of Signing Officer/Director Detail

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