

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **709443** (6)  
1. Corporation Name  
**UNITED WAY OF SANTA ROSA COUNTY, INC.**



Principal Place of Business Mailing Address  
**816 COLLEGE DRIVE**  
**P.O. BOX 284**  
**MILTON FL 32570**

3. Date Incorporated or Qualified **08/16/1965** 3a. Date of Last Report **03/31/1995**

21. Principal Place of Business **6860 CAROLINE STREET** 2a. Mailing Address **P.O. BOX 284**

4. FEI Number **59-6142612** Applied For Not Applicable

22. Suite, Apt. #, etc. **SUITE 4** 27. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State **MILTON, FL** 28. City & State **MILTON, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip **32570** 25. Country 29. Zip **32572** 30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THOMPSON, GUY W**  
**816 COLLEGE DRIVE**  
**MILTON FL 32570**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Guy W. Thompson* **GUY THOMPSON** **3-25-96**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HESTER, GRADY</b>	
STREET ADDRESS	<b>3 HAPPY LANE</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PARKER, SHIRLEY</b>	
STREET ADDRESS	<b>7508 JOHNSON ROAD</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE	<b>VRD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SALTER, DON</b>	
STREET ADDRESS	<b>904 DOGWOOD STREET</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WORRELL, DANNY</b>	
STREET ADDRESS	<b>5657 TREVINO DRIVE</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DON SALTER</b>	
1.3 STREET ADDRESS	<b>5120 DOGWOOD DRIVE</b>	
1.4 CITY-ST-ZIP	<b>Milton, FL 32570</b>	
2.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SHARON PITTS</b>	
2.3 STREET ADDRESS	<b>5510 RIDGE HILL COURT</b>	
2.4 CITY-ST-ZIP	<b>MILTON, FL 32570</b>	
3.1 TITLE	<b>VRD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SAM VICKERS</b>	
3.3 STREET ADDRESS	<b>5247 STEWART STREET</b>	
3.4 CITY-ST-ZIP	<b>MILTON, FL 32570</b>	
4.1 TITLE	<b>EXECUTIVE DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GUY THOMPSON</b>	
4.3 STREET ADDRESS	<b>816 COLLEGE DRIVE</b>	
4.4 CITY-ST-ZIP	<b>MILTON, FL 32570</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>000001781060</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-04/15/96--01139--00</b>	
6.3 STREET ADDRESS	<b>***61.25</b>	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Guy W. Thompson* **GUY THOMPSON** **03/15/96** **(904) X623-4507**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

**4-15-96**