

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

Principal Place of Business: 816 COLLEGE DRIVE, P.O. BOX 284, MILTON FL 32570
Mailing Address: 816 College Drive, P.O. BOX 284, MILTON, FL 32572, US

3. Date Incorporated or Qualified: 08/16/1965
3a. Date of Last Report: 03/31/1995
4. FEI Number: 59-6142612
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 6860 CAROLINE STREET, SUITE 4, MILTON, FL 32570
2a. Mailing Address: 26 P.O. BOX 284, MILTON, FL 32572

9. Name and Address of Current Registered Agent: THOMPSON, GUY W, 816 COLLEGE DRIVE, MILTON FL 32570

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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: [Signature] 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SALTER, DON	
13 STREET ADDRESS	5120 DOGWOOD DRIVE	
14 CITY-ST-ZIP	MILTON FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PITTS, SHARON	
23 STREET ADDRESS	5510 RIDGE HILL COURT	
24 CITY-ST-ZIP	MILTON, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	VRD	
32 NAME	VICKERS, SAM	
33 STREET ADDRESS	5247 STEWART STREET	
34 CITY-ST-ZIP	MILTON, FL 32570	
41 TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	THOMPSON, GUY	
43 STREET ADDRESS	816 COLLEGE DRIVE	
44 CITY-ST-ZIP	MILTON, FL 32570	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: [Signature] GUY THOMPSON 3-25-96 (904) 623-4507
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)