

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709443 (6)
1. Corporation Name
UNITED WAY OF SANTA ROSA COUNTY, INC.



Principal Place of Business 6880 CAROLINE STREET SUITE 4 MILTON FL 32570	Mailing Address P.O. BOX 284 MILTON FL 32572-0284 US
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3. Date Incorporated or Qualified 08/16/1965	3a. Date of Last Report 04/15/1996
4. FEI Number 59-6142612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALTER, DON		1.2 NAME ROGERS, RAYMOND	
STREET ADDRESS 6120 DOGWOOD DRIVE		1.3 STREET ADDRESS 603 CANAL STREET	
CITY-ST-ZIP MILTON FL 32570		1.4 CITY-ST-ZIP MILTON, FLORIDA 32570	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIRE, SHARON		2.2 NAME WHITE, DAVID	
STREET ADDRESS 2810 RIDGE HILL COURT		2.3 STREET ADDRESS 3793 HWY 4	
CITY-ST-ZIP MILTON FL 32570		2.4 CITY-ST-ZIP JAY, FLORIDA 32565	
TITLE VRD	<input type="checkbox"/> DELETE	3.1 TITLE VRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WICKERS, SAM		3.2 NAME FULFORD, RICHARD	
STREET ADDRESS 5047 STEWART STREET		3.3 STREET ADDRESS 1110 GULF BREEZE PARKWAY	
CITY-ST-ZIP MILTON FL 32570		3.4 CITY-ST-ZIP GULF BREEZE, FLORIDA 32561	
TITLE ED	<input type="checkbox"/> DELETE	4.1 TITLE ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, GUY		4.2 NAME THOMPSON, GUY	
STREET ADDRESS 816 COLLEGE DRIVE		4.3 STREET ADDRESS 816 COLLEGE DRIVE	
CITY-ST-ZIP MILTON FL 32570		4.4 CITY-ST-ZIP MILTON, FLORIDA 32570	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)