

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 6860 CAROLINE STREET SUITE 4 MILTON FL 32570	Mailing Address P.O. BOX 284 MILTON FL 32572 US
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3. Date Incorporated or Qualified 08/16/1965	
4. FEI Number 59-6142612	Applied For <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: *Guy Thompson* **Guy Thompson** DATE: **1-28-98**

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROGERS, RAYMOND		1.2 NAME BEDICS, RICHARD	
STREET ADDRESS 603 CANAL ST		1.3 STREET ADDRESS 5988 HWY 90	
CITY-ST-ZIP MILTON FL		1.4 CITY-ST-ZIP MILTON, FL 32570	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, DAVID		2.2 NAME Russell, Kathy	
STREET ADDRESS 3793 HWY 4		2.3 STREET ADDRESS 102 Royal Pines	
CITY-ST-ZIP JAY FL		2.4 CITY-ST-ZIP Pace, FL 32571	
TITLE VTD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FULFORD, RICHARD		3.2 NAME Bowman, Bob	
STREET ADDRESS 1110 GULF BREEZE PARKWAY		3.3 STREET ADDRESS 305 Berryhill Road	
CITY-ST-ZIP GULF BREEZE FL		3.4 CITY-ST-ZIP Milton, FL 32570	
TITLE ED	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, GUY		4.2 NAME	
STREET ADDRESS 816 COLLEGE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MILTON FL		4.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Guy Thompson* **Guy Thompson, Executive Director** 1-28-98 850-623-4507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)