


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709443

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/16/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6142612
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees


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, Executive Director** 02-17-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

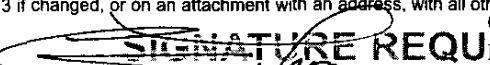
12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEDICS, RICHARD	
STREET ADDRESS	5988 HWY 90	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUSSELL, KATHY	
STREET ADDRESS	102 ROYAL PINES	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BOWMAN, BOB	
STREET ADDRESS	305 BERRYHILL ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	THOMPSON, GUY	
STREET ADDRESS	816 COLLEGE 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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Parker, Shirley	
1.3 STREET ADDRESS	7508 Johnson Road	
1.4 CITY-ST-ZIP	Milton, FL 32570	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rether Ford, Karen	
3.3 STREET ADDRESS	1505 Vanity Fair Road	
3.4 CITY-ST-ZIP	Milton, FL 32570	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE  **Guy Thompson** Executive Director 02-17-99 850-623-4507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)