

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2004  
Secretary of State**

DOCUMENT# 709443

Entity Name: UNITED WAY OF SANTA ROSA COUNTY, INC.

**Current Principal Place of Business:**

6860 CAROLINE STREET  
SUITE 4  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 284  
MILTON, FL 32572 US

**New Mailing Address:**

FEI Number: 59-6142612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, GUY W  
6336 WISTERIA DR  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: THOMPSON, GUY  
Address: 6336 WISTERIA DR  
City-St-Zip: MILTON, FL

Title: VTD ( ) Delete  
Name: WHITE, DAVID G  
Address: P.O. BOX 887  
City-St-Zip: PENSACOLA, FL 32594

Title: PD ( ) Delete  
Name: BROWN, GREG  
Address: 5924 PAMELA DRIVE  
City-St-Zip: MILTON, FL 32570

Title: SD ( ) Delete  
Name: CAROL, CALFEE  
Address: 6751 BERRYHILL ROAD  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY W. THOMPSON

ED

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date