

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709443

FILED
Jan 07, 2005
Secretary of State

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: PD (X) Change () Addition
Name: WHITE, DAVID G
Address: P.O. BOX 887
City-St-Zip: PENSACOLA, FL 32594

Title: VPD (X) Change () Addition
Name: BROWN, RANDY
Address: 5120 DOGWOOD DRIVE
City-St-Zip: MILTON, FL 32570

Title: SD (X) Change () Addition
Name: JEAN, PALMER
Address: P.O. BOX
City-St-Zip: CANTONMENT, FL 32533

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 THOMPSON

DIR

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date