
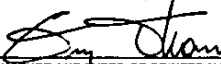


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90022 004 \*\*\*\*61.25

<b>DOCUMENT # 709443</b>					
1. Entity Name UNITED WAY OF SANTA ROSA COUNTY, INC.					
Principal Place of Business 6568 CAROLINE STREET SUITE 100 MILTON, FL 32570			Mailing Address P.O. BOX 284 MILTON, FL 32572 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03272008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-6142612				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, GUY W 6336 WISTERIA DR MILTON, FL 32570			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, GUY		NAME		
STREET ADDRESS	6336 WISTERIA DR		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RANDY		NAME		
STREET ADDRESS	5667 TREVINO		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, MARTIN		NAME	JERRY BURDEN	
STREET ADDRESS	5988 HWY 90		STREET ADDRESS	4885 HWY. 90	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	PACE, FL 32571	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY, LAIRD		NAME	SCOTT JORDAN	
STREET ADDRESS	4316 AVALON BOULEVARD		STREET ADDRESS	P.O. BOX 376	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	BAGDAD, FL 32530	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	L.L. DRINKARD	
STREET ADDRESS			STREET ADDRESS	4433 BERRYHILL RD.	
CITY-ST-ZIP			CITY-ST-ZIP	PACE, FL 32571	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: 4/14/08		Daytime Phone #: 850 625 4507	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					