2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709443

FILED Jan 05, 2009 Secretary of State

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

Current Principal Place of Business: 6568 CAROLINE STREET SUITE 100 MILTON, FL 32570 Current Mailing Address:		New Principal Place	New Principal Place of Business:	
		6576 CAROLINE STREET MILTON, FL 32570 New Mailing Address:		
				P.O. BOX 2 MILTON, F
El Number:	59-6142612	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
	N, GUY W ERIA DR L 32570 US	3		
	_ 020.0			
		ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or bot
	named entity so of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or bot
the State	named entity si of Florida. RE:	ubmits this statement for the p		ed office or registered agent, or bot Date
n the State	named entity si of Florida. RE:	c Signature of Registered Ag	ent	
n the State	named entity si of Florida. RE: Electronio	c Signature of Registered Agr C ORS: Delete Y	ent	Date
n the State IGNATUF PFFICERS itle: ame: ddress:	named entity so of Florida. RE: Electronic S AND DIRECT ED ()I THOMPSON, GU 6336 WISTERIA MILTON, FL	c Signature of Registered Agr F ORS: Delete Y DR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
the State IGNATUF FFICERS ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	named entity so of Florida. RE: Electronic S AND DIRECT ED ()I THOMPSON, GU 6336 WISTERIA MILTON, FL PD ()I BROWN, RANDY 5667 TREVINO MILTON, FL 325	c Signature of Registered Agr FORS: Delete Y DR Delete 7 Delete 7 Delete 7	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 ED 01/05/2009