## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#722815** 

FILED Mar 17, 2008 Secretary of State

Entity Name: THE UNITED WAY OF OKALOOSAWALTON COUNTIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

112 TUPELO AVE

FORT WALTON BEACH, FL 32548 US

**Current Mailing Address: New Mailing Address:** 

112 TUPELO AVE

FORT WALTON BEACH, FL 32548 US

FEI Number: 59-0972293 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROBINSON, WILLIAM M 672 MERIONETH DR

FT. WALTON BEACH, FL 32548 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

AKRIDGE, TONY SHANAHAN, JOYCE Name: Name: 4425 E COMMONS DRIVE Address: P O BOX 4009 Address:

City-St-Zip: DESTIN, FL 325414 City-St-Zip: FORT WALTON BEACH, FL 32549

Title: Title: (X) Change ( ) Addition ( ) Delete

Name: HIGGINS, LANE Name: SIMS, SANDRA

Address: PO BOX 848 Address: 140 SW HOLLYWOOD BLVD City-St-Zip: FT. WALTON BEACH, FL 32549 City-St-Zip: FT. WALTON BEACH, FL 32548

Title: () Delete Title: () Change () Addition

GIESEMAN, ALAN Name: Name: Address: 1005 MAR WALT Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip:

(X) Change ( ) Addition Title: () Delete Title:

Name: MICELI, PHILIPPE Name: DAILEY, JEANNE 799 EAST JOHN SIMS PARKWAY 12815 W HWY 98 STE 100 Address: Address:

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: DESTIN, FL 32541

Title: **PRES** () Delete Title: (X) Change ( ) Addition

BURKETT, SAM BURKETT, SAM Name: Name: Address: PO BOX 1935 Address: PO BOX 1935 City-St-Zip: EGLIN AFB, FL 32542 City-St-Zip: EGLIN AFB, FL 32542

Title: () Delete Title: () Change () Addition

ROBINSON, WILLIAM Name: Name: Address: 672 MERIONETH DRIVE Address: FT. WALTON BEACH, FL City-St-Zip: City-St-Zip:

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: WILLIAM M ROBINSON SECR 03/17/2008