

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055641

FILED
May 03, 2010
Secretary of State

Entity Name: UNITED WAY OF ESCAMBIA COUNTY FOUNDATION, LLC

Current Principal Place of Business:

1301 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

1301 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEUCHTMAN, GARY B
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 US

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NORMAN, JEAN
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR
Name: TIMBERLAKE, STEVE
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR
Name: HUNTER, MARTHA ANN
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR
Name: LOGAN, FLACK
Address: 129 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR
Name: APPLEYARD, JOHN
Address: 1301 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR
Name: HOUSH, SKIP
Address: 1304 TOUR DRIVE
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEAN NORMAN

MGR

05/03/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date