

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 712913 (3)**

1. Corporation Name  
**UNITED WAY OF ST. JOHNS COUNTY, INC.**

Principal Place of Business      Mailing Address  
**93 ORANGE ST., UNIT B  
93B ORANGE STREET P. O. BOX 625  
ST. AUGUSTINE FL 32084**      **93 ORANGE ST., UNIT B  
93B ORANGE STREET P. O. BOX 625  
ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/09/1967**      **05/01/1994**

4. FEI Number      Applied For  
**59-6018986**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business  
**21 117 BRIDGE ST.**

2a. Mailing Address  
**25 P.O. BOX 625**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23 ST. AUGUSTINE, FL**

City & State  
**28 ST. AUGUSTINE, FL**

Zip      Country  
**24 32084      25 ST. JOHNS**

Zip      Country  
**29 32085      30 ST. JOHNS**

**9. Name and Address of Current Registered Agent**

**BAILEY, JOHN D. JR.  
780 N PONCE DE LEON BL  
ST AUGUSTINE FL 32084**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *John D. Bailey*      DATE: **4/25/95**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: **VD**  
NAME: **TALBERT, DICK**  
STREET ADDRESS: **2980 COLLINS AVE**  
CITY - ST - ZIP: **ST AUGUSTINE FL**

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: **VD**  
NAME: **WHITTINGTON, LINDA**  
STREET ADDRESS: **609 21ST ST., NORTH BEACH**  
CITY - ST - ZIP: **ST AUGUSTINE FL**

2.1 TITLE       Change       Addition  
2.2 NAME: **JOHN SIRINA**  
2.3 STREET ADDRESS: **TREE BLVD.**  
2.4 CITY - ST - ZIP: **ST. AUGUSTINE, FL 32084**

TITLE: **PD**  
NAME: **ELLIS, CHARLES**  
STREET ADDRESS: **2121 US 1 S**  
CITY - ST - ZIP: **ST AUGUSTINE FL**

3.1 TITLE       Change       Addition  
3.2 NAME: **LINDA WHITTINGTON**  
3.3 STREET ADDRESS: **609 21ST ST.**  
3.4 CITY - ST - ZIP: **ST. AUGUSTINE, FL 32085**

TITLE: **TD**  
NAME: **CAMPOS, JORGE**  
STREET ADDRESS: **2975 KINGS ROAD**  
CITY - ST - ZIP: **ST AUGUSTINE FL**

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE: **S**  
NAME: **BREIDENSTEIN, ANN H.**  
STREET ADDRESS: **93B ORANGE ST**  
CITY - ST - ZIP: **ST AUGUSTINE FL**

5.1 TITLE       Change       Addition  
5.2 NAME: **ANN H. BREIDENSTEIN**  
5.3 STREET ADDRESS: **117 BRIDGE ST.**  
5.4 CITY - ST - ZIP: **ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann H. Breidenstein*      DATE: **4/25/95 904-829-9721**