

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712913 (3)  
1. Corporation Name

UNITED WAY OF ST. JOHNS COUNTY, INC.



Principal Place of Business: 117 BRIDGE ST ST. AUGUSTINE FL 32084 US  
Mailing Address: PO BOX 625 ST. AUGUSTINE FL 32085 US

3. Date Incorporated or Qualified: 06/09/1967  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-23) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Country, Zip, and Country.

4. FEI Number: 59-6018986  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: VD 1.2 NAME: SUSAN HARRY 1.3 STREET ADDRESS: 405 D STREET 1.4 CITY-ST-ZIP: ST. AUGUSTINE BEACH, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SIKINA, JOHN STREET ADDRESS: TREE BLVD CITY-ST-ZIP: ST AUGUSTINE FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: WHITTINGTON, LINDA STREET ADDRESS: 609 21 STREET CITY-ST-ZIP: ST AUGUSTINE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: PD 3.2 NAME: TALBERT, DICK 3.3 STREET ADDRESS: 2980 COLLINS AVE 3.4 CITY-ST-ZIP: ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: CAMPOS, JORGE STREET ADDRESS: 2975 KINGS ROAD CITY-ST-ZIP: ST AUGUSTINE FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: BREIDENSTEIN, ANN H. STREET ADDRESS: 117 BRIDGE STREET CITY-ST-ZIP: ST AUGUSTINE FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: 4-23-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 904-829-4721

CR2E037 (12/95)