

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 32085-0625 US |
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|--|--|
| 3. Date Incorporated or Qualified 06/09/1967 | 3a. Date of Last Report 05/17/1996 |
|--|--|

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|--|--|

| | |
|--|--|
| 4. FEI Number 59-6018986 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

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

| | | |
|----------------|-----------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | HARRY, SUSAN | |
| STREET ADDRESS | 405 D STREET | |
| CITY-ST-ZIP | ST AUGUSTINE BEACH FL 32084 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | SIKINA, JOHN | |
| STREET ADDRESS | TREE BLVD | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | TALBERT, DICK | |
| STREET ADDRESS | 2980 COLLINS AVENUE | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | CAMPOS, JORGE | |
| STREET ADDRESS | 2975 KINGS ROAD | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BREIDENSTEIN, ANN H. | |
| STREET ADDRESS | 117 BRIDGE STREET | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--|--|
| 1.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALIHAD BLANK | |
| STREET ADDRESS | PROSPERITY BANK | |
| CITY-ST-ZIP | 790 PONCE DE LEON BLVD. ST AUGUSTINE FL 32084 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKEL BURKHARDT | |
| STREET ADDRESS | BURKHARDT DISTRIBUTING | |
| CITY-ST-ZIP | 3935 INMAN RD. ST. AUGUSTINE, FL 32095 | |
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUSAN HARRY | |
| STREET ADDRESS | 405 D STREET | |
| CITY-ST-ZIP | ST AUGUSTINE BEACH FL 32084 | |
| 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VAN LANADA | |
| STREET ADDRESS | BARNETT BANK | |
| CITY-ST-ZIP | 8155 OLD MOUNTAIN RD. ST. AUGUSTINE, FL 32086 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4-29-97 PHONE: 904-824-4721

CR2E037 (9/96)