

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712913 (3)**  
 1. Corporation Name  
**UNITED WAY OF ST. JOHNS COUNTY, INC.**



Principal Place of Business <b>117 BRIDGE ST ST. AUGUSTINE FL 32084 US</b>	Mailing Address <b>PO BOX 625 ST. AUGUSTINE FL 32085 US</b>
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3. Date Incorporated or Qualified <b>06/09/1967</b>		
4. FEI Number <b>59-6018986</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
<b>FL</b> 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	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACK, RICHARD</b>	
STREET ADDRESS	<b>790 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURKHARDT, BROOKES</b>	
STREET ADDRESS	<b>3935 INMAN RD.</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRY, SUSAN</b>	
STREET ADDRESS	<b>405 D. STREET</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANADA, VAN</b>	
STREET ADDRESS	<b>2155 OLD MOULTRIE RD.</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BREIDENSTEIN, ANN H.</b>	
STREET ADDRESS	<b>117 BRIDGE STREET</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CATHY BROWN</b>
2.3 STREET ADDRESS	<b>117 BRIDGE ST.</b>
2.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32084</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JORGE CAMPOS</b>
3.3 STREET ADDRESS	<b>2975 KINGS RD.</b>
3.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32086</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VERNON MYERS</b>
4.3 STREET ADDRESS	<b>117 BRIDGE ST.</b>
4.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32084</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* **9-31-98 904-829-9721**

CR2E037 (10/97)