

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


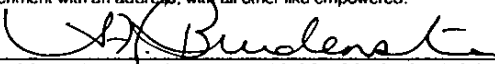
FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 045 ****61.25

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03022006 Chg-NP CR2E037 (11/05)

DOCUMENT # 712913					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6018986	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAILEY, JOHN D. JR. 780 N PONCE DE LEON BL ST AUGUSTINE, FL 32084			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPCHURCH, KRAMER		NAME	SPAULDIN, JIM	
STREET ADDRESS	343 CARCABA RD.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	ND	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	WEISS, CONLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUSTINI, STEVE		NAME	40 ORANGE ST.	
STREET ADDRESS	780 N. PONCE DE LEON BLVD.		STREET ADDRESS	ST. AUGUSTINE, FL 32084	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, RONNIE		NAME		
STREET ADDRESS	536 WILLOW WALK PL		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	ABARE III, WILLIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, ART		NAME	1200 PLANTATION ISLAND DR, B230	
STREET ADDRESS	338 MARSHSIDE DR.		STREET ADDRESS	ST. AUGUSTINE, FL 32080	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREIDENSTEIN, ANN H		NAME		
STREET ADDRESS	117 BRIDGE STREET		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4-1-06		Daytime Phone #: 904-829-9721
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>