

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704853

**Entity Name:** UNITED WAY OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

4800 SOUTH US HIGHWAY 1  
FORT PIERCE, FL 34982

**Current Mailing Address:**

4800 SOUTH US HIGHWAY 1  
FORT PIERCE, FL 34982

**FEI Number:** 59-6212157

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KNAPP, KAREN  
4800 SOUTH US HIGHWAY 1  
FORT PIERCE, FL 34982 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PAST CHAIRMAN, DIRECTOR  
Name GUFFIN, BRAD  
Address 10756 SW DARDENELLE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title TREASURER  
Name JOHNSON, GEORGE  
Address 603 N INDIAN RIVER DR SUITE 300  
City-State-Zip: FORT PIERCE FL 34950

Title VC  
Name BLAILSFORD, STACEY  
Address WALMART DISTRIBUTION CENTER -  
#7038  
4001 S. JENKINS ROAD  
City-State-Zip: FORT PIERCE FL 34981

Title CHAIRMAN  
Name THOMPSON, MARSHA  
Address 5710 CASSIA DRIVE  
City-State-Zip: FORT PIERCE FL 34982

Title SECRETARY  
Name BENNETT, JAN  
Address 657 SW TREASURE COVE  
City-State-Zip: PORT ST. LUCIE FL 34986

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARSHA THOMPSON

**CHAIRMAN**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date