

**2019 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 CHAIR  
Name YOST, GENELLE  
Address 2204 RIVER HAMMOCK LANE  
City-State-Zip: FORT PIERCE FL 34981

Title CHAIR  
Name ANDREW, TREADWELL  
Address 3209 VIRGINIA AVENUE  
City-State-Zip: FORT PIERCE FL 34981

Title TREASURER  
Name WIGGLESWORTH, RHONDA  
Address 4700 W MIDWAY ROAD  
City-State-Zip: FORT PIERCE FL 34981

Title SECRETARY  
Name CHASE, JAN  
Address PO BOX 9010  
City-State-Zip: STUART FL 34995

Title PRESIDENT/CEO  
Name KNAPP, KAREN  
Address 4800 S. US HIGHWAY 1  
City-State-Zip: FORT PIERCE FL 34982

*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:** KAREN KNAPP

**PRESIDENT/CEO**

**01/14/2019**

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

\_\_\_\_\_  
Date