

2013 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 CHAIRMAN
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 TRUSTEE
Name FINNEY, LYNNE ESQ
Address PO BOX 3390
City-State-Zip: FORT PIERCE FL 34948

Title DIRECTOR
Name BLAND, JULIE
Address 300 NW PEACOCK BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34986

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

Title VC
Name THOMPSON, MARSHA
Address 5710 CASSIA DRIVE
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: STACEY BLAILSFORD

SECRETARY

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date