

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707160

Entity Name: UNITED WAY OF NORTH CENTRAL FLORIDA, INC.**Current Principal Place of Business:**6031 NW 1ST PLACE
GAINESVILLE, FL 32607-2025**Current Mailing Address:**6031 NW 1ST PLACE
GAINESVILLE, FL 32607-2025 US**FEI Number:** 59-0808855**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GIL DE GIBAJA, MONA DR.
6031 NW 1ST PLACE
GAINESVILLE, FL 32607 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:** MONA GIL DE GIBAJA

03/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT & CEO
Name	GIL DE GIBAJA, MONA
Address	6031 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607-2025

Title	BOARD CHAIR
Name	THOMAS, SCOTT
Address	6031 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607-2025

Title	FINANCE CHAIR
Name	KELLY, SHAER
Address	6031 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607-2025

Title	EX-OFFICIO
Name	GIES, DENNIS
Address	6031 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607-2025

Title	VICE CHAIR
Name	PEREZ-MCMILLEN, MONICA
Address	6031 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607-2025

Title	DIRECTOR
Name	MORASKI, GREG
Address	6031 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607-2025

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: MONA GIL DE GIBAJA, MSW, PH.D.

PRESIDENT & CEO

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date