

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712913

Entity Name: UNITED WAY OF ST. JOHNS COUNTY, INC.**Current Principal Place of Business:**117 BRIDGE ST
ST. AUGUSTINE, FL 32084**Current Mailing Address:**PO BOX 1007
ST. AUGUSTINE, FL 32085 US**FEI Number:** 59-6018986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEMAIRE, MARK
117 BRIDGE ST
ST. AUGUSTINE, FL 32084 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 DIRECTOR
Name KEITH, BRITTANY
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name HILL, STEVE
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title VC
Name WILLIAMS, DICK
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name PONDER-STANSEL, SUSAN
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name ANDREWS, JOY
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR, VC
Name BRANDEL, LORI
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title CHAIRMAN
Name PICKENS, JOE
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name CRUM, BOBBY
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

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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: MARK LEMAIRE**CEO/PRESIDENT****02/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EVANS, GILBERT
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR
Name REYNOLDS, MATT
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR
Name DEVOOGHT, CARLTON
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR
Name RICKELMAN, BARRY
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title SECRETARY
Name LEMAIRE, MARK
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR
Name SAVIAK, CAROL
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR
Name OWEN, JAY
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title VC
Name PRESTON, CYNTHIA WILLIAMS
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title TREASURER
Name FOGLE, DELINDA
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR
Name URBANEK, JON
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR
Name SLOUGH, BEVERLY
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085

Title TREASURER
Name HAVEN, SUZANNE
Address PO BOX 1007
City-State-Zip: ST AUGUSTINE FL 32085