

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753220

Entity Name: UNITED WAY OF FLORIDA, INC.

Current Principal Place of Business:

307 E. 7TH AVENUE
TALLAHASSEE, FL 32303-5520

Current Mailing Address:

307-B EAST 7TH AVENUE
TALLAHASSEE, FL 32303-5520

FEI Number: 59-2104175

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANGER, THEODORE G.
307-B EAST 7TH AVENUE
TALLAHASSEE, FL 32303 US

FILED
Feb 27, 2015
Secretary of State
CC4955806398

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 JACOBY, KIP
Address 700 20TH STREET
City-State-Zip: VERO BEACH FL 32960

Title VC
Name JUDGE, JAMES
Address 3825 TIGER BAY ROAD
City-State-Zip: DAYTONA BEACH FL 32124

Title D
Name COOLEY, DUGGAN
Address 17230 CAMELOT COURT
City-State-Zip: LAND O'LAKES FL 34628

Title D
Name CANNON, KATHLEEN
Address 1300 SOUTH ANDREWS AVE.
City-State-Zip: FT. LAUDERDALE FL 33316

Title DIRECTOR
Name BUTLER, DONA
Address 110 WEST RICH AVE.
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name EPSKY, THOMAS
Address 2120 SE WILD MEADOW CIRCLE
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR
Name KNAPP, KAREN
Address 4800 SOUTH US #1
City-State-Zip: FT. PIERCE FL 34982

Title DIRECTOR
Name NICHOLS, NATE
Address 6002 LAS COLINAS CIRCLE
City-State-Zip: LAKE WORTH FL 33463

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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: KIP JACOBY

CHAIRMAN

02/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name THOMPSON, BOB
Address 7035 VILAMOURA PLACE
City-State-Zip: BRADENTON FL 34202-2420

Title STD
Name BROWN, BOB
Address 1940 TRAYLOR BLVD.
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name DALY, PAUL
Address 401 IDLEWYLD DRIVE
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR
Name LAFFITTE, ADRIAN
Address 3441 THURLOE DRIVE
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name MEEK, AMY
Address 1205 NE 5TH STREET, SUITE A
City-State-Zip: CRYSTAL RIVER FL 34429

Title DIRECTOR
Name VOJCSIK, JIM
Address P. O. BOX 362
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name YAEGER, JEANETTE W
Address 413 NORTH MERIDIAN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name ATTAWAY, JOHN
Address P. O. BOX 407
City-State-Zip: LAKELAND FL 33802-0407

Title DIRECTOR
Name GEORGE, LAURIE
Address 2600 QUANTUM BLVD.
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name MASON, DEBBIE
Address 5060 SW 88 TERRACE
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name MCCORMICK, SUZANNE
Address 5201 W. KENNEDY BLVD., SUITE 600
City-State-Zip: TAMPA FL 33609