

**2016 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

*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 IMMEDIATE PAST CHAIR  
Name JACOBY, KIP  
Address 700 20TH STREET  
City-State-Zip: VERO BEACH FL 32960

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

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

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

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

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

**Continues on page 2**

*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: BOB BROWN**

**CHAIRMAN**

**01/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 FOSTER, SHAWN  
Address 9842 BALSARIDGE CT.  
City-State-Zip: TRINITY FL 34655

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

Title DIRECTOR  
Name BROWN, PHILIP  
Address P. O. BOX 109  
City-State-Zip: BRADENTON FL 34206

Title DIRECTOR  
Name GRIFFITHS, ANDY  
Address 40 KEY HAVEN ROAD  
City-State-Zip: KEY WEST FL 33040