

**2019 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 DIRECTOR  
Name THOMPSON, BOB  
Address 7035 VILAMOURA PLACE  
City-State-Zip: BRADENTON FL 34202-2420

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

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

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

Title DIRECTOR  
Name BONFARDINO, ANGIE  
Address 4030 COMMERCIAL WAY  
City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR  
Name BRAUN, MICHELLE  
Address P. O. BOX 41428  
City-State-Zip: JACKSONVILLE FL 32203-1428

**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: KATHLEEN CANNON**

**CHAIR-ELECT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GAIR, WILLIAM  
Address 29 TIGERT HALL  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR  
Name ROLLE, KATRINA  
Address 307 E. 7TH AVENUE  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name HOUWAART-DIEZ, CAROL  
Address P. O. BOX 362  
City-State-Zip: STUART FL 34995

Title DIRECTOR  
Name SLOUGH, BEVERLY  
Address 341 W. ADELAIDE DRIVE  
City-State-Zip: ST. JOHNS FL 32259

Title DIRECTOR  
Name BASSLER, JAYNE  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name QUINTEL, SCOT  
Address 1401 NE 2ND STREET  
City-State-Zip: OCALA FL 34470

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

Title SECRETARY/TREASURER  
Name RILEY, RANDY  
Address 2500 VIRGINIA AVENUE  
City-State-Zip: FT. PIERCE FL 34957

Title DIRECTOR  
Name STILES, CRYSTAL  
Address 700 UNIVERSE BLVD.  
City-State-Zip: JUNO BEACH FL 33408

Title DIRECTOR  
Name COX, BERNEICE  
Address 4568 GROVE PARK DRIVE  
City-State-Zip: TALLAHASSEE FL 32311