

2017 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 CHAIRMAN
Name EPSKY, THOMAS
Address 2120 SE WILD MEADOW CIRCLE
City-State-Zip: PORT ST. LUCIE FL 34952

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

Title IMMEDIATE PAST CHAIR
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

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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: THE HONORABLE THOMAS D. EPSKY**CHAIRMAN****03/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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