

**2022 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:** THEODORE G. GRANGER

03/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, SECRETARY  
Name           GILLIAM, LAURA  
Address        1301 W. GOVERNMENT STREET  
City-State-Zip: PENSACOLA FL 32501

Title           IMMEDIATE PAST CHAIR  
Name           RILEY, RANDY  
Address        1118 4TH LANE SW  
City-State-Zip: VERO BEACH FL 32962

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

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

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

Title           DIRECTOR  
Name           COX, BERNEICE  
Address        307 EAST SEVENTH AVENUE  
City-State-Zip: TALLAHASSEE FL 32303

Title           CHAIR-ELECT  
Name           EPSKY, THOMAS  
Address        2740 CENTERVIEW DRIVE  
                  101  
City-State-Zip: TALLAHASSEE FL 32399

Title           DIRECTOR  
Name           GEORGE, LAURIE  
Address        477 S. ROSEMARY AVENUE  
                  230  
City-State-Zip: WEST PALM BEACH FL 33401

**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:** JEFF HAYWARD

**BOARD CHAIR**

03/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HILLESLAND, JACK  
Address 6747 SW 99TH PLACE  
City-State-Zip: BELLEVIEW FL 34420

Title DIRECTOR  
Name SANDERSON, STEVE  
Address 9015 STRADA STELL CT.  
204  
City-State-Zip: NAPLES FL 34109-4373

Title DIRECTOR  
Name MORTON, CHUCK  
Address 4846 N. UNIVERSITY DRIVE, #214  
City-State-Zip: LAUDERHILL FL 33351

Title DIRECTOR  
Name MCBEE, KIM  
Address 111 N. MAGNOLIA AVE., #1450  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name NELSON, MELISSA  
Address P. O. BOX 1007  
City-State-Zip: ST. AUGUSTINE FL 32085-1007

Title DIRECTOR  
Name CAMPENNI, THOMAS  
Address 700 SW ST. LUCIE CRESCENT  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GRIFFIN, MICHAEL  
Address 900 HOPE WAT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714