

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753220

FILED
Mar 31, 2014
Secretary of State
CC3623225867

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 SALAZAR, RAY
Address 3747 W. INTERNATIONAL SPEEDWAY
BLVD.
City-State-Zip: DAYTONA BEACH FL 32124

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

Title STD
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 D
Name WORTHINGTON, TERRY
Address P. O. BOX 1357
City-State-Zip: HIGHLAND CITY FL 33846

Title DIRECTOR
Name AUGUSTYNIAK, PAT
Address 6106 WATERS WAY
City-State-Zip: WEEKI WACHEE FL 34607

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

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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

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DOPP, RITA
Address 325 NE HERNANDO AVE.
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name FOX, LIANA
Address 6402 EAST 112 AVENUE
City-State-Zip: TEMPLE TERRACE FL 33617

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

Title DIRECTOR
Name MITCHELL, HEATHER
Address 307 EAST 7TH AVENUE
City-State-Zip: TALLAHASSEE FL 32303

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

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

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

Title DIRECTOR
Name LUCAS, KATIE
Address 3876 W. COUNTRY HILL DRIVE
City-State-Zip: LECANTO FL 34461

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

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