

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756769

FILED
Mar 29, 2019
Secretary of State
4000099522CC

Entity Name: UNITED WAY OF THE FLORIDA KEYS, INC.

Current Principal Place of Business:

626 JOSEPHINE PARKER DR SUITE 206
KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 2143
KEY WEST, FL 33045 US

FEI Number: 59-1288630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOCKTON, LEAH
626 JOSEPHINE PARKER DR SUITE 206
KEY WEST, FL 33040 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: LEAH STOCKTON

03/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name JONES, MARIA
Address 6 SILVER SPRINGS DRIVE
City-State-Zip: KEY LARGO FL 33037

Title VC
Name WORTHINGTON, PATRICIA A.
Address 12640 OVERSEAS HIGHWAY
City-State-Zip: MARATHON FL 33050

Title PRESIDENT / CEO
Name STOCKTON, LEAH
Address P.O. BOX 2143
City-State-Zip: KEY WEST FL 33045

Title DIRECTOR
Name TAMBORRINO, RICHARD
Address 2705 DOLPHIN DRIVE
City-State-Zip: MARATHON FL 33050

Title TREASURER
Name HALENZ, DIANA
Address P.O. BOX 2143
City-State-Zip: KEY WEST FL 33045

Title DIRECTOR
Name WILLIAM, DOXEY
Address P.O. BOX 2143
City-State-Zip: KEY WEST FL 33045

Title DIRECTOR
Name HELKENN, DOUGLAS
Address PO BOX 2143
City-State-Zip: KEY WEST FL 33045

Title DIRECTOR
Name CAYLOR, JANA
Address 9 TRANSYLVANIA AVE
City-State-Zip: KEY LARGO FL 33037

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: LEAH STOCKTON

CEO/PRESIDENT

03/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FORSTER, MIKE
Address P.O. BOX 2143
City-State-Zip: KEY WEST FL 33045

Title DIRECTOR
Name LYNSEY, SAUNDERS
Address PO BOX 2143
City-State-Zip: KEY WEST FL 33045

Title DIRECTOR
Name NIKKI, BELL
Address PO BOX 2143
City-State-Zip: KEY WEST FL 33045