D95-B-813-AC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

XC
LG

APPROVED AND FILED

95 FEB -2 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # 708312 (4)

1. Corporation Name

UNITED WAY OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
1300 GULF LIFE DRIVE SUITE 500 JACKSONVILLE FL 32207	P.O. BOX 41428 JACKSONVILLE FL 32203-1428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1964
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-0637825 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 1300 Riverplace Blvd.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CUSTIS, DONALD D.
841 PRUDENTIAL DRIVE, SUITE 1600
ONE PRUDENTIAL PLAZA
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1300 Riverplace Blvd
83 Suite 500
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Donald D. Custis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☑ Change ☑ Addition
NAME	HUGHES, CHARLES E JR.	1.2 NAME	See attached listing
STREET ADDRESS	121 WEST FORSYTH ST. SUITE 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	BUSSE, DAVID H.	2.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE, SUITE 420	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	☐ Change ☐ Addition
NAME	BUSSELLS, WALTER P.	3.2 NAME	
STREET ADDRESS	21 WEST CHURCH ST 16TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	CUSTIS, DONALD D.	4.2 NAME	
STREET ADDRESS	~~841 PRUDENTIAL DRIVE SUITE 1600~~	4.3 STREET ADDRESS	1300 Riverplace Blvd, Suite 500
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	☐ Change ☐ Addition
NAME	ALBRIGHT, THOMAS E	5.2 NAME	
STREET ADDRESS	532 RIVERSIDE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, JOHN C	6.2 NAME	
STREET ADDRESS	2971 WALLER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald D. Custis 1/20/95 904-370-3213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0024885