

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90229 028 ****61.25

14008273



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0637825

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HODGES, CONNIE S
1300 RIVERPLACE BLVD
STE 500
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME HODGES, CONNIE S
STREET ADDRESS 1300 RIVERPLACE BLVD. SUITE 500
CITY - ST - ZIP JACKSONVILLE, FL 32207

TITLE VPFA
NAME KILGORE, PATRICIA
STREET ADDRESS 1300 RIVERPLACE BLVD. SUITE 500
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TITLE VPRD
NAME MALLOY, LINDA
STREET ADDRESS 1300 RIVERPLACE BLVD. SUITE 500
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TITLE VPMC
NAME OWENS, JANET
STREET ADDRESS 1300 RIVERPLACE BLVD. SUITE 500
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TITLE VPRM
NAME SWENSON, KIRK
STREET ADDRESS 1300 RIVERPLACE BLVD. SUITE 500
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TITLE VPLG
NAME THOMAS, KATHERINE
STREET ADDRESS 1300 RIVERPLACE BLVD. SUITE 500
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Kilgore Patricia Kilgore

4/22/05

904-390-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT # 708312
UNITED WAY OF NORTHEAST FLORIDA
BOARD OF DIRECTORS
JULY 2004- JUNE 2005
PAUL G. JENNINGS, CHAIRMAN

140082.73

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July 2004 - June 2005

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