

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90193 016 ****70.00

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1. Entity Name
UNITED WAY OF NORTHEAST FLORIDA, INC.



Principal Place of Business

1301 RIVERPLACE BLVD
SUITE 400
JACKSONVILLE, FL 32207

Mailing Address

P.O. BOX 41428
JACKSONVILLE, FL 32203-1428

60036161



03202008 No Chg-NP CR2E037 (4/06)

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
1301 RIVERPLACE BLVD
SUITE 400
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, 2008**

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 1301 RIVERPLACE BLVD. SUITE 400
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VPFA
NAME KILGORE, PATRICIA
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 400
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VPRD
NAME MALLOY, LINDA
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 400
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TITLE VPMC
NAME OWENS, JANET
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 400
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TITLE VPLG
NAME THOMAS, KATHERINE
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 400
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VPCI
NAME PATZ, MELANIE
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 400
CITY-ST-ZIP JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Kilgore

Date

Daytime Phone #

4/4/08 *904-398-3200*

UNITED WAY OF NORTHEAST FLORIDA
BOARD OF DIRECTORS
JULY 2007- JUNE 2008
BARBARA DRAKE, CHAIR

ATTACHMENT

60036161
708312

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Executive

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JULY 2007- JUNE 2008
BARBARA DRAKE, CHAIR

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UNITED WAY OF NORTHEAST FLORIDA
BOARD OF DIRECTORS
JULY 2007- JUNE 2008
BARBARA DRAKE, CHAIR

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BOARD OF TRUSTEES
July 2007- June 2008
KEVIN TWOMEY CHAIRMAN

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**UNITED WAY OF NORTHEAST FLORIDA
BOARD OF TRUSTEES
July 2007 - June 2008**

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