

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708312

FILED
Apr 30, 2009
Secretary of State

Entity Name: UNITED WAY OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1301 RIVERPLACE BLVD
SUITE 400
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41428
JACKSONVILLE, FL 322031428

New Mailing Address:

FEI Number: 59-0637825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HODGES, CONNIE S
1301 RIVERPLACE BLVD
SUITE 400
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HODGES, CONNIE S
Address: 1301 RIVERPLACE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPFA () Delete
Name: KILGORE, PATRICIA
Address: 1301 RIVERPLACE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPRD () Delete
Name: MALLOY, LINDA
Address: 1301 RIVERPLACE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPMC () Delete
Name: OWENS, JANET
Address: 1301 RIVERPLACE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPLG () Delete
Name: THOMAS, KATHERINE
Address: 1301 RIVERPLACE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPCI () Delete
Name: PATZ, MELANIE
Address: 1301 RIVERPLACE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPPG (X) Change () Addition
Name: THOMAS, KATHERINE
Address: 1301 RIVERPLACE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA KILGORE

VPFA

04/30/2009

Electronic Signature of Signing Officer or Director

Date