

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708312

**FILED**  
**Apr 27, 2010**  
**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  
**Name:** HODGES, CONNIE S  
**Address:** 1301 RIVERPLACE BLVD. SUITE 400  
**City-St-Zip:** JACKSONVILLE, FL 32207

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

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

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

**Title:** VPPG  
**Name:** THOMAS, KATHERINE  
**Address:** 1301 RIVERPLACE BLVD. SUITE 400  
**City-St-Zip:** JACKSONVILLE, FL 32207

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

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:** PATRICIA KILGORE

VPFA

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date