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FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712913 (3)

1. Corporation Name

UNITED WAY OF ST. JOHNS COUNTY, INC.

Principal Place of Business

Mailing Address

117 BRIDGE ST
ST. AUGUSTINE FL 32084
USPO BOX 625
ST. AUGUSTINE FL 32085-0625
US3. Date Incorporated or Qualified
06/09/19673a. Date of Last Report
05/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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9. Name and Address of Current Registered Agent

BAILEY, JOHN D. JR.
780 N PONCE DE LEON BL
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME HARRY, SUSAN
STREET ADDRESS 405 D STREET
CITY-ST-ZIP ST AUGUSTINE BEACH FL 32084

DELETE

TITLE VD
NAME SIKINA, JOHN
STREET ADDRESS TREE BLVD
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

TITLE PD
NAME TALBERT, DICK
STREET ADDRESS 2880 COLLINS AVENUE
CITY-ST-ZIP ST AUGUSTINE FL 32084

DELETE

TITLE TD
NAME CAMPOS, JORGE
STREET ADDRESS 2975 KINGS ROAD
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

TITLE S
NAME BREIDENSTEIN, ANN H.
STREET ADDRESS 117 BRIDGE STREET
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME ALTHARD BLANK
1.3 STREET ADDRESS PROSPERITY BANK
1.4 CITY-ST-ZIP 790 POND DE LEON BLVD.
ST AUGUSTINE FL 32084

Change Addition

2.1 TITLE VD
2.2 NAME BROOKER BURKHARDT
2.3 STREET ADDRESS BURKHARDT DISTRIBUTING
2.4 CITY-ST-ZIP 3935 INMAN RD.
ST. AUGUSTINE, FL 32095

Change Addition

3.1 TITLE PD
3.2 NAME SUSAN HARRY
3.3 STREET ADDRESS 405 D STREET
3.4 CITY-ST-ZIP ST AUGUSTINE BEACH FL 32084

Change Addition

4.1 TITLE TD
4.2 NAME VAN CANADA
4.3 STREET ADDRESS BARNETT BANK
4.4 CITY-ST-ZIP 8155 OLD MOUNTAIN RD.
ST. AUGUSTINE, FL 32086

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN H. BREIDENSTEIN 4-29-97 904-824-4721

CR2E037 (9/96)