

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90491 023 ****61.25

DOCUMENT # 712913

1. Entity Name

UNITED WAY OF ST. JOHNS COUNTY, INC.



Principal Place of Business

117 BRIDGE ST
ST. AUGUSTINE FL 32084
US

Mailing Address

PO BOX 625
ST. AUGUSTINE FL 32085
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6018986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TONEA, DAVID ☒ Delete
STREET ADDRESS 40 ORANGE ST.
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE VD
NAME FAUSTINI, STEVE ☐ Delete
STREET ADDRESS 780 N. PONCE DE LEON BLVD.
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE VD
NAME UPCHURCH, KRAMER ☒ Delete
STREET ADDRESS 1795 US 1 S.
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE TD
NAME LAMPOS, JORGE ☒ Delete
STREET ADDRESS 2975 KINGS RD.
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME UPCHURCH, KRAMER
STREET ADDRESS 543 LARIBA RD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME HUGHES, RONNIE
STREET ADDRESS 536 WILLOW WALK PL.
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE TD ☒ Change ☐ Addition
NAME BELK, ART
STREET ADDRESS 338 MARSHIDE DR.
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-04

904-829-9721