

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 024 ****70.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

7. Name and Address of New Registered Agent

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, 2007

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 ☐ Delete
NAME SPAULDING, JIM
STREET ADDRESS 343 CARCABA RD.
CITY ST-ZIP SAINT AUGUSTINE FL 32084

TITLE VD ☐ Delete
NAME WEISS, LONELY
STREET ADDRESS 40 ORANGE ST
CITY ST-ZIP SAINT AUGUSTINE FL 32084

TITLE TD ☐ Delete
NAME ABARE, WILLIAM III
STREET ADDRESS 1200 PLANTATION ISLAND DR #230
CITY ST-ZIP SAINT AUGUSTINE FL 32080

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME BROWN, SUZANNE
STREET ADDRESS 1017 A1A Beach Blvd.
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

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

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 exemptions contained in Section 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: *A H Breidenstein* Ann H. Breidenstein, Sec. 4-17-07 904-829-9721