


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90036 038 \*\*\*\*61.25

<b>DOCUMENT # 712913</b>		
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
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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

03202008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6018986	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, SUZANNE			NAME	Eymer, Tim		
STREET ADDRESS	1017 A1A BEACH BLVD			STREET ADDRESS	100 Executive Way		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080			CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEISS, LONELY			NAME	Bergbom, Melinda		
STREET ADDRESS	40 ORANGE ST			STREET ADDRESS	Wachovia		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084			CITY-ST-ZIP	24 Cathedral PL., St. Augustine, FL 32084		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABARE, WILLIAM III			NAME			
STREET ADDRESS	1200 PLANTATION ISLAND DR #230			STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREIDENSTEIN, ANN H			NAME			
STREET ADDRESS	117 BRIDGE STREET			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ANN BREIDENSTEIN 4/14/08 904.829.9721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANN BREIDENSTEIN, SEC.