2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 712913

Entity Name: UNITED WAY OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

117 BRIDGE ST
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 625
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-6018986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAILEY, JOHN D. JR.
780 N PONCE DE LEON BL
ST AUGUSTINE, FL 32084 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: PD ( ) Delete
Name: EYMER, TIM
Address: 100 EXECUTIVE WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD ( ) Delete
Name: BERGBOM, MELINDA
Address: 24 CATHEDRAL PL
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD ( ) Delete
Name: ABARE, WILLIAM III
Address: 1200 PLANTATION ISLAND DR #230
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S ( ) Delete
Name: BREIDENSTEIN, ANN H
Address: 117 BRIDGE STREET
City-St-Zip: ST AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BERGBOM, MELINDA
Address: 6327 SALADO ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANN BREIDENSTEIN S 03/24/2009

Electronic Signature of Signing Officer or Director — Date