

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712913

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**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 ( )**

**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  
Name: BARBER, BRUCE  
Address: 3919 CYPRESS CREEK DRIVE EAST  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD  
Name: SLOUGH, BEVERLY  
Address: 341 WEST ADELAIDE DRIVE  
City-St-Zip: ST. JOHNS, FL 32259

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANN H. BREIDENSTEIN

S

02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date