2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam LEARN T			03-02-2006 90009 026 ****70.00						
	IXIE HWY NE, FL 32095	Mailing Address P.O. BOX 860355 ST. AUGUSTINE, FL 3208	36 US						
2. Principal Place of Business 70 S.Dixie Highway P.		3. Mailing Address P.O. Box8603	Mailing Address O. Box860355		[5 6 621 1 -	83	<u> </u>		
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02202006 _{CI}	hg-NP	CR2E037 (11/05)		
City & State C		City & State			4. FEI Number	 ,	A	oplied For	
	gustine, FL	St.Augutine,			59-299471	0		ot Applicable	
32084	Country US ·	32084	Country US		5. Certificate of St	atus Desired	☐ \$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
UNITED WAY OF ST. JOHNS COUNTY, INC.			Name	Name					
117 BRIDGE ST. ST. AUGUSTINE. FL 32084			Street A	Street Address (P.O. Box Number is Not Acceptable)					
31. AUGU	31NE, FE 32004								
			City				FL Zip Coo	le	
				stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligat	ions of registered agent.								
SIGNATURE									
, , , , ,	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE: R	legistered Agent signat	ture required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
	· .				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	Trust Fund Cor	ntribution.		Added to Fees ADDITIONS/CHANG	Florida	a Department of S	tate 1 10	
	Due by May 1, 2006	Trust Fund Cor	ntribution.	Pres Daly	Added to Fees ADDITIONS/CHANG SIDENT , Cheryl Boxwood	Florida ES TO OFFICERS Place	A Department of S AND DIRECTORS IN Change	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006 OFFICERS AND DIRE D MURRAY, JANE 8090 HW A1A SOUTH, 503 SAINT AUGUSTINE, FL 32080 DT	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Pres Daly 553 St.	Added to Fees ADDITIONS/CHANG Sident 7, Cheryl Boxwood Augutine	Florida ES TO OFFICERS Place FL 320	A Department of S AND DIRECTORS IN Change	tate 1 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1; 2006 OFFICERS AND DIRE D MURRAY, JANE 8090 HW A1A SOUTH, 503 SAINT AUGUSTINE, FL 32080 DT BOYLES, WILLIAM	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres Daly 553 St.	Added to Fees ADDITIONS/CHANG SIDENT , Cheryl Boxwood	Florida ES TO OFFICERS Place , FL 320 nt	A Department of S S AND DIRECTORS IN A Change D 86 X Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006 OFFICERS AND DIRE D MURRAY, JANE 8090 HW A1A SOUTH, 503 SAINT AUGUSTINE, FL 32080 DT	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Pres Daly 553 St. Vice	Added to Fees ADDITIONS/CHANG Sident 7, Cheryl Boxwood Augutine Preside	Florida ES TO OFFICERS Place , FL 320 nt errine,	Department of S AND DIRECTORS IN A Change D86 Ta Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1; 2006 OFFICERS AND DIRE D MURRAY, JANE 8090 HW A1A SOUTH, 503 SAINT AUGUSTINE, FL 32080 DT BOYLES, WILLIAM 720 EL VERGEL LANE ST AUGUSTINE, FL 32080 DV	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP TITLE THE TAME THE	Pres Daly 553 St. Vice Altm 1021	Added to Fees ADDITIONS/CHANG Sident A, Cheryl Boxwood Augutine Preside nan, Cath Cedar C asurer	Place , FL 320 nt errine,	Department of S AND DIRECTORS IN A Change D86 Ta Change	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1; 2006 OFFICERS AND DIRE D MURRAY, JANE 8090 HW A1A SOUTH, 503 SAINT AUGUSTINE, FL 32080 DT BOYLES, WILLIAM 720 EL VERGEL LANE ST AUGUSTINE, FL 32080 DV DALY, CHERYL	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres Daly 553 St. Vice Altm 1021 Tres Boyl	Added to Fees ADDITIONS/CHANG Sident A, Cheryl Boxwood Augutine Preside an, Cath Cedar C asurer Les, Bill	Place FL 320 nt errine,	Department of SEAND DIRECTORS IN TAIL Change D86 Tai Change ESQ Ve 32086	V 10 Addition Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1; 2006 OFFICERS AND DIRE D MURRAY, JANE 8090 HW A1A SOUTH, 503 SAINT AUGUSTINE, FL 32080 DT BOYLES, WILLIAM 720 EL VERGEL LANE ST AUGUSTINE, FL 32080 DV	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Presidaly 553 St. Vice Altm 1021 Trea Boyl 720	Added to Fees ADDITIONS/CHANG Sident 7, Cheryl Boxwood Augutine Preside nan, Cath Cedar C asurer tes, Bill El Verge	Place , FL 320 nt errine, ove Driv	Department of S S AND DIRECTORS IN Change D 86 X Change C SQ Ve 32086	V 10 Addition Addition Addition	
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TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1; 2006 OFFICERS AND DIRE D MURRAY, JANE 8090 HW A1A SOUTH, 503 SAINT AUGUSTINE, FL 32080 DT BOYLES, WILLIAM 720 EL VERGEL LANE ST AUGUSTINE, FL 32080 DV DALY, CHERYL 5553 BOXWOOD PL SAINT AUGUSTINE, FL 32080 S MEISZER, DORIS 252 REDFISHCREEK DR. SAINT AUGUSTINE, FL 32095 DP HINES, RACHEL	Trust Fund Cor CTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres Daly 553 St. Vice Altm 1021 Trea Boyl 720 St. Seci Hody 3576 Paul	Added to Fees ADDITIONS/CHANG Sident A Cheryl Boxwood Augutine Preside an, Cath Cedar C Asurer les, Bill El Verge Augutine retary Ass, Lore Augustine Cath Cath Company Comp	Place FL 320 nt errine, ove Driv Lane FL 320 tta ud Trail	A Department of S AND DIRECTORS IN Change D86 X Change ESQ Ve 32086 Change Change	V 10 Addition Addition Addition	
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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.

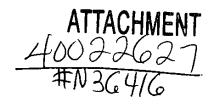
SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/06

904-823-3937

Daytime Phone #



Director Hunsicker, Karen 316 C Street St. Augustine, FL 32080

Director Murray, Jane 8090 SIA South, Apt 503 St. Augutine, FL 32084

Director Rines, Cathy 4829 Innisbrook Court S. Elkton, FL 32095

Director Wieser, Walter 320 Cooper Cove Road St. Augutine, FL 32095

Director Flickinger, Carol P.O. Box 274 Elkton, FL 32033