

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49704

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** UNITED WAY OF PUTNAM COUNTY, INC.

**Current Principal Place of Business:**

117 BRIDGE STREET  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 625  
ST AUGUSTINE, FL 32084 US

**New Mailing Address:**

**FEI Number:** 59-3124050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WELLS, MARK  
117 BRIDGE ST  
SAINT 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: WALKER, GREG  
Address: 200 REID ST  
City-St-Zip: PALATKA, FL 32177

Title: VD ( ) Delete  
Name: MAHARREY, KEN  
Address: 323 ST. JOHNS AVE.  
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete  
Name: MYERS, VERNON  
Address: 1419 REID ST  
City-St-Zip: PALATKA, FL 32177

Title: S ( ) Delete  
Name: MORDON, JEANIEL  
Address: 200 REID ST  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: S (X) Change ( ) Addition  
Name: BREIDENSTEIN, ANN  
Address: 117 BRIDGE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

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

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03/24/2009

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

\_\_\_\_\_  
Date