

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708312

**Entity Name:** UNITED WAY OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**40 EAST ADAMS STREET  
SUITE 200  
JACKSONVILLE, FL 32202**Current Mailing Address:**P.O. BOX 41428  
JACKSONVILLE, FL 32203-1428 US**FEI Number: 59-0637825****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRAUN, MICHELLE  
40 EAST ADAMS STREET  
SUITE 200  
JACKSONVILLE, FL 32202 US*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

**Officer/Director Detail :**

Title CFO  
Name BUTCHER, RICHARD RAYMOND  
Address 40 EAST ADAMS STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name GERAGHTY, PAT  
Address 4800 DEERWOOD BAMPUS PKWY  
BLDG 1  
City-State-Zip: JACKSONVILLE FL 32246

Title HEAD OF COMMUNITY IMPACT &  
STRATGIC INVESTMENTS  
Name MELENDEZ, ROSIMAR  
Address 40 EAST ADAMS STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name TATE, BETH  
Address 14000 CITI CARDS WAY  
City-State-Zip: JACKSONVILLE FL 32258

Title P  
Name BRAUN, MICHELLE  
Address 40 EAST ADAMS STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HERMAN, MICHAEL  
Address 40 EAST ADAMS STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name PEVERLEY, NED  
Address 6600 CORPORATE CENTER  
PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name MILLER, DAVID  
Address 3733 UNIVERSITY BLVD. W.  
STE 100  
City-State-Zip: JACKSONVILLE FL 32217

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*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: RICHARD BUTCHER****CHIEF FINANCIAL  
OFFICER****06/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name THOMAS, RUSS  
Address 10752 DEERWOOD PARK BLVD S  
STE. 110  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name COBLE, SCOTT  
Address ONE INDEPENDENT DRIVE, 10TH FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name FORD, NATHANIEL  
Address 121 WEST FORSYTH STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name MARTIRE, FRANK  
Address 601 RIVERSIDE AVE  
T12  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name PRENDERGAST, MIKE  
Address 225 WATER STREET  
STE 710  
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN  
Name SCANLON, GEORGE  
Address 7260 OAKMOUNT COURT  
City-State-Zip: PONTE VEDRA FL 32802

Title DIRECTOR  
Name DYKES, MELISSA  
Address 21 WEST CHURCH STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name MERCHO, MAUREEN  
Address 1412 1ST STREET N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name WARD, MICHAEL  
Address 1908 RIVER ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name WILBANKS, JOHN  
Address 841 PRUDENTIAL DRIVE  
SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name DRAKE, BARBARA  
Address 1596 LANCASTER TERRACE  
UNIT 11B  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name HILL, ROBERT  
Address 6600 CORPORATE CENTER  
PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name PALMER, LISA  
Address ONE INDEPENDENT DRIVE  
SUITE 114  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name STEP NOSKI, JIM  
Address ONE INDEPENDENT DR  
STE 1100  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name BAER, DOUGLAS  
Address 3599 UNIVERSITY BLVD SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name LEY, SARA  
Address 1328 NICHOLSON ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name SMITH, LORI  
Address 8365 WARLIN DRIVE S  
City-State-Zip: JACKSONVILLE FL 32216