

2016 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**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	VPFA
Name	KILGORE, PATRICIA
Address	40 EAST ADAMS STREET SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202

Title	HEAD OF RESOURCE DEVELOPMENT
Name	SHEAD, MARGARET T
Address	40 EAST ADAMS STREET SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202

Title	CHAIRMAN, BOARD OF TRUSTEES
Name	MARTIRE, FRANK
Address	40 EAST ADAMS STREET SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202

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

Title	VPVC
Name	HILL, CORETTA
Address	40 EAST ADAMS STREET SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202

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

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

Title	HEAD OF ADMINISTRATION & STRATEGY
Name	WINKLER, JEFF
Address	40 EAST ADAMS STREET SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202

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: PATRICIA KILGORE**VICE PRESIDENT
FINANCE &
ADMINISTRATION****03/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date