

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708312

Entity Name: UNITED WAY OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1301 RIVERPLACE BLVD
SUITE 400
JACKSONVILLE, FL 32207

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:

HODGES, CONNIE S
1301 RIVERLACE BLVD
SUITE 400
JACKSONVILLE, FL 32207 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 P
Name HODGES, CONNIE S
Address 1301 RIVERPLACE BLVD. SUITE 400
City-State-Zip: JACKSONVILLE FL 32207

Title VPFA
Name KILGORE, PATRICIA
Address 1301 RIVERPLACE BLVD. SUITE 400
City-State-Zip: JACKSONVILLE FL 32207

Title VPRD
Name NAMEY, KIM K
Address 1301 RIVERPLACE BLVD. SUITE 400
City-State-Zip: JACKSONVILLE FL 32207

Title VPCI
Name PATZ, MELANIE
Address 1301 RIVERPLACE BLVD. SUITE 400
City-State-Zip: JACKSONVILLE FL 32207

Title VPVC
Name HILL, CORETTA
Address 1301 RIVERPLACE BLVD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32207

Title VPMG
Name SHEAD, MARGARET T
Address 1301 RIVERPLACE BLVD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32207

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

VPFA

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date