

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 708312

**Entity Name:** UNITED WAY OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

40 EAST ADAMS STREET  
SUITE 310  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

40 EAST ADAMS STREET  
SUITE 310  
JACKSONVILLE, FL 32202 US

**FEI Number:** 59-0637825

**Certificate of Status Desired:** Yes

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

PATZ, MELANIE PRESIDENT AND CEO  
40 EAST ADAMS STREET  
SUITE 310  
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:** MELANIE PATZ

**08/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PEVERLEY, NED  
Address 244 NORTH WIND COURT  
City-State-Zip: PONTE VEDRA BEACH FL 32082

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

Title DIRECTOR  
Name MONTANA, GREG  
Address 40 EAST ADAMS STREET  
SUITE 310  
City-State-Zip: JACKSONVILLE FL 32202

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

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

Title DIRECTOR  
Name LARSEN, KIRK  
Address 601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name SYED, SABEEN PERWAIZ  
Address 40 EAST ADAMS STREET, SUITE 310  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name EVANS, BRIAN  
Address 40 EAST ADAMS STREET, SUITE 310  
City-State-Zip: JACKSONVILLE FL 32202

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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:** MELANIE PATZ

**PRESIDENT AND CEO**

**08/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JAMISON, RUDY JR.  
Address 40 EAST ADAMS STREET, SUITE 310  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name LEE, PHILLIP  
Address 4800 DEERWOOD CAMPUS PKWY DCI-8  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name KEENAN, PATTY  
Address 6805 SOUTHPOINT PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name WALLACE, AUNDRA  
Address 3 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name GREENE, DIANA  
Address 40 EAST ADAMS STREET  
SUITE 310  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name DELGADO, JERRY  
Address 501 RIVERSIDE AVENUE  
SUITE 500  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name SORFLEET, DIANA  
Address 500 WATER STREET  
15TH FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name ZUINO, MATT  
Address 841 PRUDENTIAL DRIVE  
City-State-Zip: JACKSONVILLE FL 32207