

**2022 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 ABBOTT, ROBIN PRATT  
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 HILL, ROBERT  
Address 6600 CORPORATE CENTER  
PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

Title CHAIRMAN  
Name STEP NOSKI, JIM  
Address 105 LANTERN WICK PLACE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

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

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

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

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

**Continues on page 2**

*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: ROBIN ABBOTT****CFO****03/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name RANSOM, ELIZABETH  
Address 40 EAST ADAMS STREET, SUITE 200  
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  
Name JAMISON, RUDY JR.  
Address 40 EAST ADAMS STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

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

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

Title DIRECTOR  
Name SYED, SABEEN PERWAIZ  
Address 40 EAST ADAMS STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

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

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