

2021 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 PEVERLEY, NED
Address 6600 CORPORATE CENTER
PARKWAY
City-State-Zip: JACKSONVILLE FL 32216

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

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

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

Title DIRECTOR
Name PALMER, LISA
Address ONE INDEPENDENT DRIVE
SUITE 114
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: ROBIN ABBOTT**CFO****05/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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 STAPLIN, MAX
Address 40 EAST ADAMS STREET, SUITE 200
City-State-Zip: JACKSONVILLE FL 32202

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

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

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