

2019 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 VPFA
Name KILGORE, PATRICIA
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 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 VPVC
Name HILL, CORETTA
Address 40 EAST ADAMS STREET
SUITE 200
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name GERAGHTY, PAT
Address 4800 DEERWOOD BAMPUS PKWY
BLDG 1
City-State-Zip: JACKSONVILLE FL 32246

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

Title DIRECTOR
Name TATE, BETH
Address 14000 CITI CARDS WAY
City-State-Zip: JACKSONVILLE FL 32258

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: PATRICIA KILGORE**VICE PRESIDENT
FINANCE &
ADMINISTRATION****02/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MILLER, DAVID
Address 3733 UNIVERSITY BLVD. W.
STE 100
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name WILBANKS, JOHN
Address 841 PRUDENTIAL DRIVE
SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name DRAKE, BARBARA
Address 1596 LANCASTER TERRACE
UNIT 11B
City-State-Zip: JACKSONVILLE FL 32204

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

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

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

Title DIRECTOR
Name BAER, DOUGLAS
Address 3599 UNIVERSITY BLVD SOUTH
City-State-Zip: JACKSONVILLE FL 32216

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

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

Title DIRECTOR
Name WARD, MICHAEL
Address 1908 RIVER ROAD

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

Title DIRECTOR
Name COBLE, SCOTT
Address ONE INDEPENDENT DRIVE, 10TH
FLOOR
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name FORD, NATHANIEL
Address 121 WEST FORSYTH STREET
SUITE 200
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MARTIRE, FRANK
Address 601 RIVERSIDE AVE
T12
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name PRENDERGAST, MIKE
Address 225 WATER STREET
STE 710
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN
Name SCANLON, GEORGE
Address 7260 OAKMOUNT COURT
City-State-Zip: PONTE VEDRA FL 32802

Title DIRECTOR
Name DYKES, MELISSA
Address 21 WEST CHURCH STREET
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name NAINES, KRISTIE
Address 340 14TH AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

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

