

2025 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 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:** No**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

01/21/2025

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

Title DIRECTOR
Name JAMISON, RUDY JR.
Address 40 EAST ADAMS STREET, SUITE 310
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 MONTANA, GREG
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

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

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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

CEO

01/21/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name BERNIER, CHRISTOPHER DR.
Address 1701 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207

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

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

Title DIRECTOR
Name SPRING, LORI
Address 3733 UNIVERSITY BLVD. W
City-State-Zip: JACKSONVILLE FL 32217

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 PRESIDENT AND CEO
Name PATZ, MELANIE
Address 40 EAST ADAMS STREET, SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name DAVIDSON, JOSEPH
Address 1000 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name HUSKEY, MICHAEL
Address 111 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ROBERTS, EUSTACHIUS
Address 4887 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32256