

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712913

Entity Name: UNITED WAY OF ST. JOHNS COUNTY, INC.**Current Principal Place of Business:**117 BRIDGE ST
ST. AUGUSTINE, FL 32084**Current Mailing Address:**PO BOX 1007
ST. AUGUSTINE, FL 32085 US**FEI Number:** 59-6018986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAILEY, JOHN D. JR.
780 N PONCE DE LEON BL
ST AUGUSTINE, FL 32084 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	PRESIDENT
Name	CRUM, ROBERT
Address	PO BOX 1007
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	VC
Name	ROUSSEAU, ROBERT
Address	PO BOX 1007
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	TREASURER
Name	NUCKOLS, MILTON
Address	PO BOX 1007
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	SECRETARY
Name	NELSON, MELISSA
Address	PO BOX 1007
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	VC
Name	BERNADOS, TONY
Address	PO BOX 1007
City-State-Zip:	ST. AUGUSTINE FL 32085

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: MELISSA NELSON

CEO

03/12/2018

Electronic Signature of Signing Officer/Director Detail_____
Date