

2020 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:**NELSON, MELISSA
117 BRIDGE ST
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:** MELISSA NELSON

06/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CRUM, 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 PRESIDENT
Name SLOUGH, BEVERLY
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name BROWN, SUZANNE
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name CLINE, MATT
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name KEITH, BRITTANY
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name GREEN, KELLY
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

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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: MELISSA NELSON

PRESIDENT/CEO

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GUEST, GLENN
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

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

Title DIRECTOR
Name REGAN, JOHN
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name BAILEY SR, MARK
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name MANGUS, GINA
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name WILLIAMS, DICK
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name HILL, STEVE
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name PONDER-STANSEL, SUSAN
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name ANDREWS, JOY
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name BRANDEL, LORI
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name PICKENS, JOE
Address PO BOX 1007
City-State-Zip: ST. AUGUSTINE FL 32085