

**2025 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:**CRICCO, CARL F  
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:** CARL F CRICCO

04/10/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title CHAIRMAN  
Name CRUM, BOBBY  
Address PO BOX 1007  
City-State-Zip: ST AUGUSTINE FL 32085

Title VC  
Name PRESTON, CYNTHIA WILLIAMS  
Address PO BOX 1007  
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR  
Name FOGLE, DELINDA  
Address PO BOX 1007  
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR  
Name RICKELMAN, BARRY  
Address PO BOX 1007  
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR  
Name URBANEK, JON  
Address PO BOX 1007  
City-State-Zip: ST AUGUSTINE FL 32085

**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:** CARL F CRICCO

PRESIDENT/CEO

04/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title TREASURER  
Name HAVEN, SUZANNE  
Address PO BOX 1007  
City-State-Zip: ST AUGUSTINE FL 32085

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

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

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

Title DIRECTOR  
Name SAVIAK, CAROL  
Address PO BOX 1007  
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR  
Name BEAVER, SCOTT  
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

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

Title SECRETARY  
Name CRICCO, CARL F  
Address PO BOX 1007  
City-State-Zip: ST. AUGUSTINE FL 32085