

**2021 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

04/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            DIRECTOR  
Name            GUEST, GLENN  
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:** MELISSA NELSON**PRESIDENT/CEO**

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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