

**2017 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 625  
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            MARK, MINER  
Address          PO BOX 625  
City-State-Zip: ST. AUGUSTINE FL 32085

Title            VC  
Name            CRUM, ROBERT  
Address          301 SPANISH OAK CT  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            TREASURER  
Name            BECCA, CRUM  
Address          PO BOX 625  
City-State-Zip: ST. AUGUSTINE FL 32085

Title            SECRETARY  
Name            NELSON, MELISSA  
Address          214 EDGEWATER BRANCH DR  
City-State-Zip: ST JOHNS FL 32259

Title            VC  
Name            KELLY, GREEN  
Address          PO BOX 625  
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**

**SECRETARY**

**03/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date