FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723706** **(8)**

1. Corporation Name

UNITED WAY OF MARTIN COUNTY, INC..

Principal Place of Business	Mailing Address
50 KINDRED ST #207 PO BOX 362 STUART FL 34995	50 KINDRED ST #207 PO BOX 362 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1972**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **23-7273540** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAINS, ROBERT R
50 KINDRED ST #207
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: Stephen V. Batsche
82 Street Address (P.O. Box Number is Not Acceptable): 50 Kindred St., Suite 207
83
84 City: Stuart FL 85 Zip Code: 34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Stephen Batsche — EXECUTIVE DIRECTOR — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	P	☒ Change ☐ Addition
NAME	KORDICK, JPSEPH	1.2 NAME	Susan J. Hershey	
STREET ADDRESS	2555 SW MANOR HILL DR	1.3 STREET ADDRESS	500 E. Ocean Blvd.	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Stuart, FL	
TITLE	PP	2.1 TITLE	V	☒ Change ☐ Addition
NAME	FUNSTON, MARY C	2.2 NAME	Fredric D. Heilbronner	
STREET ADDRESS	117 N SEWARLLS POINT RD	2.3 STREET ADDRESS	701 Colorado Ave.	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart FL	
TITLE	VD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	JUNOD, VICKI J	3.2 NAME	Brian J. Powers	
STREET ADDRESS	PO BOX 2063 N/A	3.3 STREET ADDRESS	16600 SW Warfield Blvd.	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	Indiantown, FL	
TITLE	SM	4.1 TITLE	S/M	☒ Change ☐ Addition
NAME	RAINS, ROBERT R	4.2 NAME	Stephen V. Batsche	
STREET ADDRESS	50 KINRED ST SUITE 207	4.3 STREET ADDRESS	50 Kindred St., Suite 207	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BROGAN, FRANK	5.2 NAME	Marsha Stiller	
STREET ADDRESS	PO BOX 1049 N/A	5.3 STREET ADDRESS	100 E. Ocean Blvd	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart FL	
TITLE	T	6.1 TITLE	T	☒ Change ☐ Addition
NAME	CAROTHERS, THERESA ,	6.2 NAME	Theresa Caruthers	
STREET ADDRESS	P.O. BOX 9009 N/A	6.3 STREET ADDRESS	1939 S. Federal Hwy	
CITY-ST-ZIP	STUART FL 34995	6.4 CITY-ST-ZIP	Stuart FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: - Fredric D. Heilbronner — 4/11/95 — 407-283-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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