FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

723706

(8)

UNITED WAY OF MARTIN COUNTY, INC...

| Principal Place | of Business | Mailing Address | | | | 9144 01817 31811 81811 61814 81811 81811 1691 | |
|---|---|---------------------------------------|---------------------|--|---|---|--|
| 50 KINDRED ST #207 50 KINDRED ST #207 | | | | | | | |
| PO BOX 362 | | PO BOX 362 STUART FL 34995 | | | | | |
| STUART FL 34995 | | | | 3. Date Incorporated or Qualified 06/20/1972 | 3a. Date of Last Report 04/27/1995 | | |
| 2. Principal Pla 21 | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 23-7273540 | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | , | 8. This corporation has liability for j | _ ~ | |
| 24 | 25 | | 30 | | | Yes No | |
| | 9. Name and Address of Current | Registered Agent | 81 | h | 10. Name and Address of New R | egistered Agent | |
| | | | 81 | Name | | | |
| BATSCHE, STEPHEN V 50 KINDRED ST., SUITE 207 | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | |
| STUART | • | | 63 | | | | |
| | | | 84 | City | | FL 85 Zip Code | |
| 11. Pursuant to | o the provisions of Sections 617.0502 a | nd 617.1508. Florida Statutes. | the above- | named co | prporation submits this statement for the pur | pose 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | |
| | n, and accept the obligations or, Section | 1017.0000, Florida Statutes. | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent ar | d title if applicable (NOTE | Pocistered Age | nt signature r | equired when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | | |
| TITLE | P | DELETE | 1.1 TITLE | | P | XX Change Addition | |
| NAME | HERSHEY, SUSAN J | _ | | | Heilbronner, Fredric D | | |
| STREET ADDRESS | 500 E. OCEAN BLVD. | | | | 701 Colorado Avenue | | |
| CITY-ST-ZIP | STUART FL | | | | Stuart, FL 34994 | | |
| TITLE | V □DELETE | | 2 1 TITLE | | V XX Change Addition | | |
| NAME | HEILBRONNER, FREDRIC D | | 22 NAME Cr | | Crowder, Robert L | •••• | |
| STREET ADDRESS | 701 COLORADO AVE. | | | | 800 Montery Road | | |
| CITY-ST-ZIP | STUART FL | | 2 4 CITY - ST - ZIP | | Stuart, FL 34994 | | |
| TITLE | | | 3.1 TITLE | | | Change Addition | |
| NAME | POWERS, BRIAN J | | 3 2 NAME | | | | |
| STREET ADDRESS | 16600 S.W. WARFIELD BLVD. | | 3 3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | INDIANTOWN FL | | 3.4. C(TY- | ST - ZIP | | | |
| TITLE | SM | | | | | ☐ Change ☐ Addition | |
| NAME | 5.1100716, 0.12171 | | 4. 2 NAME | | | | |
| STREET ADDRESS | 50 KINDRED ST., STE. 207 | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | STUART FL | | 4.4 CITY- | ST - ZIP | | | |
| TITLE | | | 51 TITLE | | | ☐ Change ☐ Addition | |
| NAME | STILLER, MARSHA | | 5.2 NAME | | | | |
| STREET ADDRESS | 071407 5 | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 C/TY- | ST-ZIP | <u></u> | XX Change Addition | |
| TITLE | - | | 6.1 TITLE | | T Thomas, Robert J | | |
| NAME | CARUTHERS, THERESA | • | 6.2 NAME | | 759 Federal HWy, Suite 200 | | |
| STREET ADDRESS 1939 S. FEDERAL HWY. | | | 6.3 STREET ADDRESS | | Stuart, FL 34994 | | |
| City-St-ZiP | STUART FL v certify that the information supplied wi | th this filing is unjuntarily furnish | 64 City | | | 07/3Vk) Florida Statutes Lifurther | |
| 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)(k), 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if citarged, or on an attachment with an addless. | | | | | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-29-96 407-28.3-4800

75