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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1997

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 34995-0962

3. Date Incorporated or Qualified

06/20/1972

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATSCHKE, STEPHEN V
50 KINDRED ST., SUITE 207
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME HEILBRONNER, FREDRIC D.
STREET ADDRESS 701 COLORADO AVE
CITY-ST-ZIP STUART FL

TITLE V ☒ DELETE

NAME CROWDER, ROBERT L.
STREET ADDRESS 800 MONTERO ROAD
CITY-ST-ZIP STUART FL

TITLE VD ☐ DELETE

NAME POWERS, BRIAN J
STREET ADDRESS 10600 S.W. WARFIELD BLVD.
CITY-ST-ZIP INDIANTOWN FL

TITLE SM ☐ DELETE

NAME BATSCHKE, STEPHEN V
STREET ADDRESS 50 KINDRED ST., STE. 207
CITY-ST-ZIP STUART FL

TITLE D ☐ DELETE

NAME STILLER, MARSHA
STREET ADDRESS 100 E. OCEAN BLVD.
CITY-ST-ZIP STUART FL

TITLE T ☐ DELETE

NAME THOMAS, ROBERT J.
STREET ADDRESS 759 FEDERAL HWY, SUIT 200
CITY-ST-ZIP STUART FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing 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 this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

Date

561-283-4800

Daytime Phone # 0071076

CR2E037 (9/96)