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FILED  
Jul 16 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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



3. Date Incorporated or Qualified

06/20/1972

4. FEI Number

23-7273540

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME TODZIA, DANIEL P  
STREET ADDRESS 900 S. FEDERAL HWY. #300  
CITY-ST-ZIP STUART FL 34994

2.1 TITLE Vice President ☒ Change ☐ Addition  
2.2 NAME Resource Development  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME POWERS, BRIAN J  
STREET ADDRESS 16800 S.W. WARFIELD BLVD.  
CITY-ST-ZIP INDIANTOWN FL

3.1 TITLE Vice President ☒ Change ☐ Addition  
3.2 NAME Community Initiatives  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address.

SIGNATURE

Stephen V. Batschke

6-4-98

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