


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90001 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723706					
1. Corporation Name UNITED WAY OF MARTIN COUNTY, INC..					
Principal Place of Business 50 KINDRED ST #207 PO BOX 362 STUART FL 34995			Mailing Address 50 KINDRED ST #207 PO BOX 362 STUART FL 34995		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/20/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7273540	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

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			
				85 Zip Code			
				FL			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILBRONNER, FREDRIC D.		1.2 NAME	Rachel Scott	
STREET ADDRESS	701 COLORADO AVE		1.3 STREET ADDRESS	1401 SE Monterey Rd.	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODZIA, DANIEL P		2.2 NAME		
STREET ADDRESS	900 S. FEDERAL HWY. #300		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, BRIAN J		3.2 NAME		
STREET ADDRESS	16600 S.W. WARFIELD BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		3.4 CITY-ST-ZIP		
TITLE	SM	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATSCHKE, STEPHEN V		4.2 NAME		
STREET ADDRESS	50 KINDRED ST., STE. 207		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLER, MARSHA		5.2 NAME		
STREET ADDRESS	100 E. OCEAN BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ROBERT J.		6.2 NAME	Charles Cleaver	
STREET ADDRESS	759 FEDERAL HWY, SUIT 200		6.3 STREET ADDRESS	2125 SE Ocean Blvd	
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP	Stuart FL 34995	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen Batschke* **SIGNATURE REQUIRED** 2-17-99 5612834800

CR2E037 (11/98)