2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#723706

Entity Name: UNITED WAY OF MARTIN COUNTY, INC..

Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 50 KINDRED ST #207 PO BOX 362 STUART, FL 34995 **Current Mailing Address: New Mailing Address:** 50 KINDRED ST #207 PO BOX 362 STUART, FL 34995 FEI Number: 23-7273540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOJCSIK, JAMES P 50 KINDRED ST., SUITE 207 STUART, FL 34994 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VOJCSIK, JAMES P Name: Name: 50 KINDRED ST Address: Address: City-St-Zip: STUART, FL 34995 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: POWERS, BRIAN J Name: BROWN, TED Address: PO BOX 8 Address: 900 S.FEDERAL HWY 4TH FLOOR City-St-Zip: INDIANTOWN, FL 349560008 City-St-Zip: STUART, FL 34995 Title: () Delete Title: (X) Change () Addition CLEAVER, CHARLES E EWING, MARSHA Name: Name: Address: PO BOX 9010 Address: PO BOX 9016 City-St-Zip: STUART, FL 349959010 City-St-Zip: STUART, FL 34995 Title: () Delete Title: () Change () Addition Name: KINANE, SUSAN Name: 310 DENVER AVENUE Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: () Delete Title: (X) Change () Addition TODZIA, DANIEL P KELLY, LAUREL Name: Name: 969 S FEDERAL HIGHWAY SR 200 100 EAST OCEAN BLVD. Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994 Title: () Delete Title: () Change () Addition HOAG, CHARLENE Name: Name: Address: 2400 SE FEDERAL HIGHWAY Address: STUART, FL 34994 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES VOJCSIK D 04/29/2002

HUNTER WOLCOTT 7 ISLAND ROAD STUART, FL 34996

DR. SARA A. WILCOX 500 EAST OCEAN BLVD STUART, FL 34994

SUE HERSHEY 500 EAST OCEAN BLVD STUART, FL 34994

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