

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723706

FILED
Apr 26, 2004
Secretary of State**Entity Name:** UNITED WAY OF MARTIN COUNTY, INC..**Current Principal Place of Business:**50 KINDRED ST #207
STUART, FL 34995**New Principal Place of Business:****Current Mailing Address:**50 KINDRED ST #207
PO BOX 362
STUART, FL 34995**New Mailing Address:****FEI Number:** 23-7273540**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VOJCSIK, JAMES P
50 KINDRED ST., SUITE 207
STUART, FL 34994 US**Name and Address of New Registered Agent:**

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:**Title:** D () Delete
Name: VOJCSIK, JAMES P
Address: 50 KINDRED ST
City-St-Zip: STUART, FL 34995**Title:** D () Delete
Name: BROWN, TED
Address: 900 S.FEDERAL HWY 4TH FLOOR
City-St-Zip: STUART, FL 34995**Title:** D () Delete
Name: EWING, MARSHA
Address: PO BOX 9016
City-St-Zip: STUART, FL 34995**Title:** D () Delete
Name: KINANE, SUSAN
Address: 310 DENVER AVENUE
City-St-Zip: STUART, FL 34994**Title:** D () Delete
Name: KELLY, LAUREL
Address: 100 EAST OCEAN BLVD.
City-St-Zip: STUART, FL 34994**Title:** D () Delete
Name: HAHN, WILLIAM R
Address: 815 COLORADO AVE
City-St-Zip: STUART, FL 34995**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: CURTIS, RICHARD
Address: 17475 HAMMOCK LANE
City-St-Zip: PORT ST. LUCIE, FL 34987**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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

TREA

04/26/2004

Electronic Signature of Signing Officer or Director

Date