

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723706

FILED  
Apr 18, 2005  
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: CURTIS, RICHARD  
Address: 17475 HAMMOCK LANE  
City-St-Zip: PORT ST. LUCIE, FL 34987

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: HAHL, 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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: CHAPPEL, AMY  
Address: 701 COLORADO AVE  
City-St-Zip: STUART, FL 34994

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 P. VOJCSIK

D

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date