## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#723706** 

FILED Feb 23, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 50 KINDRED ST #207 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: (X) Change ( ) Addition () Delete Name: BROWN, TED Name: KELLY, LAUREL Address: 900 S.FEDERAL HWY 4TH FLOOR Address: 100 EAST OCEAN BLVD City-St-Zip: STUART, FL 34995 City-St-Zip: STUART, FL 34994 Title: () Delete Title: (X) Change ( ) Addition CURTIS, RICHARD BROWN, TED Name: Name: 17475 HAMMOCK LANE 819 S, FEDERAL HWY Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34987 City-St-Zip: STUART, FL 34994 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 KELLY, LAUREL CHAPPEL, AMY Name: Name: 100 EAST OCEAN BLVD. 701 COLORADO AVE Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994 Title: () Delete Title: (X) Change ( ) Addition BLOUNT, NICK CHAPPEL, AMY Name: Name: Address: 701 COLORADO AVE Address: 1401 SE MONTEREY ROAD STUART, FL 34994 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 Chapter 119, 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 02/23/2006