

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723706

Entity Name: UNITED WAY OF MARTIN COUNTY, INC..**Current Principal Place of Business:**10 SE CENTRAL PARKWAY
SUITE 101
STUART, FL 34994**Current Mailing Address:**PO BOX 362
STUART, FL 34995**FEI Number:** 23-7273540**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VOJCSIK, JAMES P
10 SE CENTRAL PARKWAY
SUITE 101
STUART, FL 34994 US*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

Officer/Director Detail :

Title SEC
Name VOJCSIK, JAMES P
Address 10 SE CENTRAL PARKWAY
City-State-Zip: STUART FL 34995

Title PRESIDENT
Name KINANE, TIM
Address 1503 RIVERSIDE DRIVE
City-State-Zip: STUART FL 34994

Title TREA
Name BLACKARD, LYNN
Address 701 COLORADO AVE
City-State-Zip: STUART FL 34994

Title VP
Name ALBURY, AMY
Address 700 UNIVERSE BLVD
City-State-Zip: JUNO BEACH FL

Title DIRECTOR
Name ADEMIL, CASTRILLO
Address 301 SE OCEAN BLVD
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name HASTINGS, CHAD
Address 615 SW ST. LUCIE CRESCENT #107
City-State-Zip: STUART FL

Title DIRECTOR
Name LEIGHTON, STEPHEN
Address 800 SE MONTEREY ROAD
City-State-Zip: STUART FL

Title DIRECTOR
Name MOWAD, ELIAS
Address PO BOX 109600 MS 704-43
City-State-Zip: WEST PALM BEACH FL

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I hereby 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 all other like empowered.

SIGNATURE: JAMES VOJCSIK**EXECUTIVE DIRECTOR****01/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name RANIERI, STACEY
Address 1251 SW 27TH STREET SUITE 4
City-State-Zip: STUART FL

Title DIRECTOR
Name VANOVER, ROBYN
Address 500 EAST OCEAN BLVD
City-State-Zip: STUART FL

Title VP
Name STILES, CRYSTAL
Address CEA/JB 700 UNIVERS BLVD
City-State-Zip: JUNO BEACH FL