

**2014 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 MOWAD, ELIAS  
Address PO BOX 109600 MS 704-43  
City-State-Zip: WEST PALM BEACH FL

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

**Continues on page 2**

*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 P. VOJCSIK**EXECUTIVE DIRECTOR****01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name CEBELAK, JANE  
Address 3209 VIRGINIA AVENUE  
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR  
Name CLEAVER, CHUCK  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

Title VP  
Name DAVIS, VICKI  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

Title VP  
Name STILES, CRYSTAL  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name KRYZDA, TARYN  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name GAYLORD, LAURIE  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

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

Title DIRECTOR  
Name COOK, LILLIAN  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name COTY, MIGUEL  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name FARREN, BRUCE  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name WASSER, KIM  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name LAMAR-SARNO, TERESA  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994