City-State-Zip:	STUART FL 34995	City-State-Zip:	STUART FL 34994
Title	TREA	Title	VP
Name	BLACKARD, LYNN	Name	ALBURY, AMY
Address	701 COLORADO AVE	Address	700 UNIVERSE BLVD
City-State-Zip:	STUART FL 34994	City-State-Zip:	JUNO BEACH FL
Title	DIRECTOR	Title	DIRECTOR
Name	ADEMIL, CASTRILLO	Name	HASTINGS, CHAD
Address	301 SE OCEAN BLVD	Address	615 SW ST. LUCIE CRESCENT #107

	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							
	Officer/Director Detail :							
	Title	SEC	Title	PRESIDENT				
	Name	VOJCSIK, JAMES P	Name	KINANE, TIM				

10 SE CENTRAL PARKWAY

Current Principal Place of Business:

STUART, FL 34995

Current Mailing Address: PO BOX 362

DOCUMENT# 723706

10 SE CENTRAL PARKWAY

STUART, FL 34994

SUITE 101

Address

Title

Name

Address

City-State-Zip:

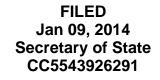
FEI Number: 23-7273540

Name and Address of Current Registered Agent:

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

VOJCSIK, JAMES P **10 SE CENTRAL PARKWAY** SUITE 101



Certificate of Status Desired: No

Date

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.

Address

City-State-Zip:

City-State-Zip:

Continues on page 2

Title

Name

Address

STUART FL

DIRECTOR

STUART FL

RANIERI, STACEY

1251 SW 27TH STREET SUITE 4

1503 RIVERSIDE DRIVE

SIGNATURE: JAMES P. VOJCSIK

City-State-Zip: STUART FL 34994

DIRECTOR

MOWAD, ELIAS

PO BOX 109600 MS 704-43

WEST PALM BEACH FL

01/09/2014 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

City-State-Zip: STUART FL 34994

Title	VP	Title	DIRECTOR
Name	STILES, CRYSTAL	Name	VANOVER, ROBYN
Address	CEA/JB 700 UNIVERS BLVD	Address	500 EAST OCEAN BLVD
City-State-Zip:	JUNO BEACH FL	City-State-Zip:	STUART FL
Title	DIRECTOR	Title	DIRECTOR
Name	CEBELAK, JANE	Name	COOK, LILLIAN
Address	3209 VIRGINIA AVENUE	Address	10 SE CENTRAL PARKWAY SUITE 101
City-State-Zip:	FORT PIERCE FL 34950	City-State-Zip:	SUITE TOT STUART FL 34994
Title	DIRECTOR	Title	DIRECTOR
Name	CLEAVER, CHUCK	Name	COTY, MIGUEL
Address	10 SE CENTRAL PARKWAY SUITE 101	Address	10 SE CENTRAL PARKWAY SUITE 101
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	VP	Title	
Name	DAVIS, VICKI	Title Name	DIRECTOR FARREN, BRUCE
Address	10 SE CENTRAL PARKWAY SUITE 101	Address	10 SE CENTRAL PARKWAY SUITE 101
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	VP		
Name	STILES, CRYSTAL	Title	DIRECTOR
Address	10 SE CENTRAL PARKWAY	Name	WASSER, KIM
	SUITE 101	Address	10 SE CENTRAL PARKWAY SUITE 101
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	DIRECTOR	Title	DIRECTOR
Name	KRYZDA, TARYN	Name	LAMAR-SARNO, TERESA
Address	10 SE CENTRAL PARKWAY SUITE 101	Address	10 SE CENTRAL PARKWAY SUITE 101
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	DIRECTOR		
Name	GAYLORD, LAURIE		
Address	10 SE CENTRAL PARKWAY SUITE 101		