

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723706 (8)

1. Corporation Name

UNITED WAY OF MARTIN COUNTY, INC..

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1972

3a. Date of Last Report

04/18/1994

4. FEI Number

23-7273540

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

Principal Place of Business

Mailing Address

50 KINDRED ST #207
PO BOX 362
STUART FL 34995

50 KINDRED ST #207
PO BOX 362
STUART FL 34995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAINS, ROBERT R
50 KINDRED ST #207
STUART FL 34994

81 Name

Stephen V. Batsche

82 Street Address (P.O. Box Number is Not Acceptable)

50 Kindred St., Suite 207

83

84 City

Stuart

FL

85 Zip Code

34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation for, Section 607.0505, Florida Statutes.

SIGNATURE

Stephen V. Batsche

EXECUTIVE DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT
NAME	KORDICK, JPSEPH
STREET ADDRESS	2555 SW MANOR HILL DR
CITY - ST - ZIP	PALM CITY FL
TITLE	PP
NAME	FUNSTON, MARY C
STREET ADDRESS	117 N SEWARLLS POINT RD
CITY - ST - ZIP	STUART FL
TITLE	VD
NAME	JUNOD, VICKI J
STREET ADDRESS	PO BOX 2063 N/A
CITY - ST - ZIP	HOBE SOUND FL
TITLE	SM
NAME	RAINS, ROBERT R
STREET ADDRESS	50 KINRED ST SUITE 207
CITY - ST - ZIP	STUART FL
TITLE	D
NAME	BROGAN, FRANK
STREET ADDRESS	PO BOX 1049 N/A
CITY - ST - ZIP	STUART FL
TITLE	T
NAME	CAROTHERS, THERESA
STREET ADDRESS	P.O. BOX 9009 N/A
CITY - ST - ZIP	STUART FL 34995

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Susan J. Hershey	
1.3 STREET ADDRESS	500 E. Ocean Blvd.	
1.4 CITY - ST - ZIP	Stuart, FL	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	Fredric D. Heilbronner	
2.3 STREET ADDRESS	701 Colorado Ave.	
2.4 CITY - ST - ZIP	Stuart FL	
3.1 TITLE	V/D	☒ Change ☐ Addition
3.2 NAME	Brian J. Powers	
3.3 STREET ADDRESS	16600 SW Warfield Blvd.	
3.4 CITY - ST - ZIP	Indiantown, FL	
4.1 TITLE	S/M	☒ Change ☐ Addition
4.2 NAME	Stephen V. Batsche	
4.3 STREET ADDRESS	50 Kindred St., Suite 207	
4.4 CITY - ST - ZIP	Stuart FL	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Marsha Stiller	
5.3 STREET ADDRESS	100 E. Ocean Blvd	
5.4 CITY - ST - ZIP	Stuart FL	
6.1 TITLE	T	☒ Change ☐ Addition
6.2 NAME	Theresa Caruthers	
6.3 STREET ADDRESS	1939 S. Federal Hwy	
6.4 CITY - ST - ZIP	Stuart FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fredric D. Heilbronner - Fredric D. Heilbronner

4/11/95

107-283-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #