

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723706 (8)
1. Corporation Name
UNITED WAY OF MARTIN COUNTY, INC..



Principal Place of Business 50 KINDRED ST #207 PO BOX 362 STUART FL 34995		Mailing Address 50 KINDRED ST #207 PO BOX 362 STUART FL 34995		3. Date Incorporated or Qualified 06/20/1972	3a. Date of Last Report 04/27/1995
21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. City & State	24. City & State	25. Zip	26. Country
27. Principal Place of Business City & State	28. Mailing Address City & State	29. City & State	30. City & State	31. Zip	32. Country
33. Date Incorporated or Qualified 06/20/1972	34. Date of Last Report 04/27/1995	35. FEI Number 23-7273540	36. Certificate of Status Desired <input type="checkbox"/>	37. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	38. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BATSCHKE, STEPHEN V 50 KINDRED ST., SUITE 207 STUART FL 34994		10. Name and Address of New Registered Agent			
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. State	86. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	P HERSHEY, SUSAN J 500 E. OCEAN BLVD. STUART FL	1.1 TITLE	P Heilbronner, Fredric D 701 Colorado Avenue Stuart, FL 34994
NAME	V HEILBRONNER, FREDRIC D 701 COLORADO AVE. STUART FL	1.2 NAME	V Crowder, Robert L. 800 Monterey Road Stuart, FL 34994
STREET ADDRESS	VD POWERS, BRIAN J 16600 S.W. WARFIELD BLVD. INDIANTOWN FL	1.3 STREET ADDRESS	3.1 TITLE
CITY-ST-ZIP	SM BATSCHKE, STEPHEN V 50 KINDRED ST., STE. 207 STUART FL	1.4 CITY-ST-ZIP	3.2 NAME
TITLE	D STILLER, MARSHA 100 E. OCEAN BLVD. STUART FL	2.1 TITLE	3.3 STREET ADDRESS
NAME	T CARUTHERS, THERESA 1939 S. FEDERAL HWY. STUART FL	2.2 NAME	3.4 CITY-ST-ZIP
STREET ADDRESS	4.1 TITLE	2.3 STREET ADDRESS	4.2 NAME
CITY-ST-ZIP	5.1 TITLE	2.4 CITY-ST-ZIP	4.3 STREET ADDRESS
TITLE	6.1 TITLE	3.1 TITLE	4.4 CITY-ST-ZIP
NAME	6.2 NAME	3.2 NAME	5.1 TITLE
STREET ADDRESS	6.3 STREET ADDRESS	3.3 STREET ADDRESS	5.2 NAME
CITY-ST-ZIP	6.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	5.3 STREET ADDRESS
TITLE	T Thomas, Robert J 759 Federal Hwy, Suite 200 Stuart, FL 34994	4.1 TITLE	5.4 CITY-ST-ZIP
NAME		4.2 NAME	6.1 TITLE
STREET ADDRESS		4.3 STREET ADDRESS	6.2 NAME
CITY-ST-ZIP		4.4 CITY-ST-ZIP	6.3 STREET ADDRESS

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 119.07(3)(k), 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 employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Stephen Batschke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen V. Batschke
Date: **4-29-96** Daytime Phone #: **407-283-4800**

CR2E037 (12/95)