

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723706 (8)**

1. Corporation Name  
**UNITED WAY OF MARTIN COUNTY, INC..**



Principal Place of Business <b>50 KINDRED ST #207 PO BOX 362 STUART FL 34995</b>	Mailing Address <b>50 KINDRED ST #207 PO BOX 362 STUART FL 34995-0962</b>
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3. Date Incorporated or Qualified <b>06/20/1972</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>23-7273540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**BATSCH, 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  
**FL** **85** 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 12	
TITLE <b>P</b>	NAME <b>HEILBRONNER, FREDRIC D.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>701 COLORADO AVE</b>	CITY-ST-ZIP <b>STUART FL</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>V</b>	NAME <b>CROWDER, ROBERT L.</b>	1.4 CITY-ST-ZIP	
STREET ADDRESS <b>800 MONTEREY ROAD</b>	CITY-ST-ZIP <b>STUART FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	2.2 NAME <b>DANIEL P. Todzia</b>	
TITLE <b>VD</b>	NAME <b>POWERS, BRIAN J</b>	2.3 STREET ADDRESS <b>900 S. FEDERAL Hwy. # 300</b>	
STREET ADDRESS <b>10600 S.W. WARFIELD BLVD.</b>	CITY-ST-ZIP <b>INDIANTOWN FL</b>	2.4 CITY-ST-ZIP <b>Stuart, FL 34994</b>	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SM</b>	NAME <b>BATSCH, STEPHEN V</b>	3.2 NAME	
STREET ADDRESS <b>50 KINDRED ST., STE. 207</b>	CITY-ST-ZIP <b>STUART FL</b>	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>STILLER, MARSHA</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>100 E. OCEAN BLVD.</b>	CITY-ST-ZIP <b>STUART FL</b>	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE <b>T</b>	NAME <b>THOMAS, ROBERT J.</b>	4.4 CITY-ST-ZIP	
STREET ADDRESS <b>759 FEDERAL HWY, SUIT 200</b>	CITY-ST-ZIP <b>STUART FL</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with the address.

SIGNATURE: Stephen V Batsch **4-30-97** **561-283-4800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071976

CR2E037 (9/96)