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Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address  
50 KINDRED ST #207 PO BOX 362 STUART FL 34995

3. Date Incorporated or Qualified  
06/20/1972

4. FEI Number  
23-7273540

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
BATSCHÉ, 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

TITLE  DELETE PD  
NAME HEILBRONNER, FREDRIC D.  
STREET ADDRESS 701 COLORADO AVE  
CITY-ST-ZIP STUART FL

TITLE  DELETE VD  
NAME TODZIA, DANIEL P  
STREET ADDRESS 900 S. FEDERAL HWY. #300  
CITY-ST-ZIP STUART FL 34994

TITLE  DELETE VD  
NAME POWERS, BRIAN J  
STREET ADDRESS 16800 S.W. WARFIELD BLVD.  
CITY-ST-ZIP INDIANTOWN FL

TITLE  DELETE SM  
NAME BATSCHÉ, STEPHEN V  
STREET ADDRESS 50 KINDRED ST., STE. 207  
CITY-ST-ZIP STUART FL

TITLE  DELETE D  
NAME STILLER, MARSHA  
STREET ADDRESS 100 E. OCEAN BLVD.  
CITY-ST-ZIP STUART FL

TITLE  DELETE T  
NAME THOMAS, ROBERT J.  
STREET ADDRESS 759 FEDERAL HWY, SUIT 200  
CITY-ST-ZIP STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
Vice President Resource Development

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
Vice President Community Initiatives

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 an address.

SIGNATURE \_\_\_\_\_ 6-4-98

CR2E037 (10/97)