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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723706

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/20/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7273540
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HEILBRONNER, FREDRIC D.	1.1 TITLE	PD Rachel Scott
NAME	701 COLORADO AVE	1.2 NAME	1401 SE Monterey Rd.
STREET ADDRESS	STUART FL	1.3 STREET ADDRESS	Stuart, FL 34994
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD TODZIA, DANIEL P	2.1 TITLE	
NAME	900 S. FEDERAL HWY. #300	2.2 NAME	
STREET ADDRESS	STUART FL 34994	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD POWERS, BRIAN J	3.1 TITLE	
NAME	16600 S.W. WARFIELD BLVD.	3.2 NAME	
STREET ADDRESS	INDIANTOWN FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SM BATSCHKE, STEPHEN V	4.1 TITLE	
NAME	50 KINDRED ST., STE. 207	4.2 NAME	
STREET ADDRESS	STUART FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D STILLER, MARSHA	5.1 TITLE	
NAME	100 E. OCEAN BLVD.	5.2 NAME	
STREET ADDRESS	STUART FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T THOMAS, ROBERT J.	6.1 TITLE	T Charles Cleaver
NAME	759 FEDERAL HWY, SUIT 200	6.2 NAME	2125 SE Ocean Blvd
STREET ADDRESS	STUART FL	6.3 STREET ADDRESS	Stuart FL 34995
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Stephen Batschke* REQUIRED 2-17-99 5612834800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)