2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# 723706

Entity Name: UNITED WAY OF MARTIN COUNTY, INC..

Current Principal Place of Business:

50 KINDRED ST #207
STUART, FL 34995

New Principal Place of Business:

Current Mailing Address:

50 KINDRED ST #207
PO BOX 362
STUART, FL 34995

New Mailing Address:

FEI Number: 23-7273540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOJCSIK, JAMES P
50 KINDRED ST., SUITE 207
STUART, FL 34994 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	VOJCSIK, JAMES P	
Address:	50 KINDRED ST	
City-St-Zip:	STUART, FL 34995	
Title:	D	( ) Delete
Name:	BROWN, TED	
Address:	900 S.FEDERAL HWY 4TH FLOOR	
City-St-Zip:	STUART, FL 34995	
Title:	D	( ) Delete
Name:	CURTIS, RICHARD	
Address:	17475 HAMMOCK LANE	
City-St-Zip:	PORT ST. LUCIE, FL 34987	
Title:	D	( ) Delete
Name:	KINANE, SUSAN	
Address:	310 DENVER AVENUE	
City-St-Zip:	STUART, FL 34994	
Title:	D	( ) Delete
Name:	KELLY, LAUREL	
Address:	100 EAST OCEAN BLVD.	
City-St-Zip:	STUART, FL 34994	
Title:	D	( ) Delete
Name:	HAHL, WILLIAM R	
Address:	815 COLORADO AVE	
City-St-Zip:	STUART, FL 34995	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CHAPPEL, AMY	
Address:	701 COLORADO AVE	
City-St-Zip:	STUART, FL 34994	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. VOJCSIK D 04/18/2005

Electronic Signature of Signing Officer or Director — Date