


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90041 040 ****61.25

DOCUMENT # 723706 1. Entity Name UNITED WAY OF MARTIN COUNTY, INC..					
Principal Place of Business 50 KINDRED ST #207 STUART, FL 34995			Mailing Address 50 KINDRED ST #207 PO BOX 362 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-7273540	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VOJCSIK, JAMES P 50 KINDRED ST., SUITE 207 STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOJCSIK, JAMES P 50 KINDRED ST STUART, FL 34995	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Patricia Austin - Novak 3744 NW Pin Oak Dr Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, LAUREL 100 EAST OCEAN BLVD STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Resource Investment Chair Bruce Furren 7100 SE Lillian Court Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, TED 819 S. FEDERAL HWY STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Mark Tomasik PO Box 9009 Stuart, FL 34995
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPPEL, AMY 701 COLORADO AVE STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Campaign Chair Patty Winterburn 2400 Salerno Rd Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOUNT, NICK 1401 SE MONTEREY ROAD STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James P. Vojcsik</u> 772-283-4800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					