

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723706

FILED
Jan 16, 2009
Secretary of State

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: CRIC () Delete
Name: FARREN, BRUCE
Address: 7100 SE LILLIAN CRT
City-St-Zip: STUART, FL 34997

Title: C () Delete
Name: TOMASIK, MARK
Address: POB 9009
City-St-Zip: STUART, FL 34995

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

Title: D () Delete
Name: BLOUNT, NICK
Address: 1401 SE MONTEREY ROAD
City-St-Zip: STUART, FL 34994

Title: C () Delete
Name: AUSTIN-NOVAK, PATRICIA
Address: 3744 NW PINOAK DR
City-St-Zip: JENSEN BEACH, FL 34957

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ALLEN, PATRICIA
Address: 2400 SALERNO ROAD
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA ALLEN

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date