

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723706

FILED  
Jan 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

10 SE CENTRAL PARKWAY  
SUITE 101  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

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  
10 SE CENTRAL PARKWAY  
SUITE 101  
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: SEC  
Name: VOJCSIK, JAMES P  
Address: 10 SE CENTRAL PARKWAY  
City-St-Zip: STUART, FL 34995

Title: PRES  
Name: FARREN, BRUCE  
Address: 7100 SE LILLIAN CRT  
City-St-Zip: STUART, FL 34997

Title: VP  
Name: KINANE, TIM  
Address: 1503 RIVERSIDE DRIVE  
City-St-Zip: STUART, FL 34994

Title: TREA  
Name: CHAPPEL, AMY  
Address: 701 COLORADO AVE  
City-St-Zip: STUART, FL 34994

Title: PP  
Name: DAVIS, VICKI  
Address: 135 SE MARTIN LUTHER KING BLVD  
City-St-Zip: STUART, FL 34994

Title: VP  
Name: STRICKLAND, JEAN  
Address: PO BOX 9012  
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: JAMES P VOJCSIK

SEC

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date