

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:49

DOCUMENT # 755408 (2)

1. Corporation Name

LIFELINE OF MARTIN COUNTY, INC.

Principal Place of Business

Mailing Address

933 LINCOLN
PO BOX 2554
STUART FL 34994-3810

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PO BOX 2554
STUART FL 34994-3810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1980

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2040028

Applied For

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental

Fee Not Required

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEGGIE, VIRGINIA
1234 N.W. SPRUCE RIDGE DRIVE
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PSD	COYLE, JOANNE M.	2287 NE 16TH COURT	JENSEN BEACH FL 34957
VSD	HILLEN, SUSAN	1215 SW TROPICAL TERRACE	STUART FL 34998
TD	HESFORD, ANNE	700 NE STOKES TERRACE	JENSEN BEACH FL 34957
SD	KNAPP, MARNEY	3981 NE BREAKWATER DR	JENSEN BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Joanne M. Coyle
Signature and typed or printed name of signing officer or director

Date

Signature Number