

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **755408** (2)

1. Corporation Name

LIFELINE OF MARTIN COUNTY, INC.



Principal Place of Business

Mailing Address

**933 S.E. LINCOLN AVE.
STUART FL 34995**

**933 S.E. LINCOLN AVE.
STUART FL 34995**

3. Date Incorporated or Qualified
12/05/1980

3a. Date of Last Report
04/05/1995

4. FEI Number
59-2040028

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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
933 S.E. LINCOLN AVE.
STUART FL 34995**

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 617.0502 and 617.1508, 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 617.0503, 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 **D** ☐ DELETE
NAME **COYLE, JOANNE M.**
STREET ADDRESS **2287 NE 18TH COURT**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☐ DELETE
NAME **HESFORD, ANNE**
STREET ADDRESS **760 NE STOKES TERRACE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☐ DELETE
NAME **EUTENEUER, TOM**
STREET ADDRESS **4500 SOUTH DIXIE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☐ DELETE
NAME **MONSON, CRAIG**
STREET ADDRESS **1825 NW. BRIGHT RIVER POINT**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ DELETE
NAME **PRATT, WILLIAM**
STREET ADDRESS **1100 S.W. SHORELINE DRIVE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ DELETE
NAME **JESTER, STEPHEN REV.**
STREET ADDRESS **1109 N.E. JENSEN BEACH BLVD.**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018063

CR2E037 (3/96)