


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90151 010 ****61.25

0075390

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 755408

1. Corporation Name

LIFELINE OF MARTIN COUNTY, INC.

Principal Place of Business

933 S.E. LINCOLN AVE.
STUART FL 34995

Mailing Address

933 S.E. LINCOLN AVE.
STUART FL 34995

401899 - 90151 - 10



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/05/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2040028
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
30		

9. Name and Address of Current Registered Agent

HEGGIE, VIRGINIA
933 S.E. LINCOLN AVE.
STUART FL 34995

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	VANORNAM, LINDA	1.2 NAME	Van Ornam, Linda
STREET ADDRESS	801 S.E. FORGAL ST	1.3 STREET ADDRESS	801 S.E. Forgal St.
CITY-ST-ZIP	PT. ST. LUCIE FL	1.4 CITY-ST-ZIP	Pt. St. Lucie FL 34983
TITLE	DT	2.1 TITLE	
NAME	HESFORD, ANNE	2.2 NAME	
STREET ADDRESS	760 NE STOKES TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	
NAME	EUTENEUER, TOM	3.2 NAME	
STREET ADDRESS	4500 SOUTH DIXIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	P
NAME	BUCCOLA, JACKIE	4.2 NAME	DelDuca, Mary
STREET ADDRESS	1732 PONDBERRY LANE	4.3 STREET ADDRESS	2258 S.E. Baron St.
CITY-ST-ZIP	PT ST LUCIE FL	4.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34952
TITLE	D	5.1 TITLE	VP
NAME	PRATT, WILLIAM	5.2 NAME	Coyle, Joanne
STREET ADDRESS	1100 S.W. SHORELINE DRIVE	5.3 STREET ADDRESS	2287 N.E. 16th St.
CITY-ST-ZIP	PALM CITY FL 34990	5.4 CITY-ST-ZIP	Jensen Bch, FL 34957
TITLE	DVC	6.1 TITLE	S
NAME	JESTER, STEPHEN REV.	6.2 NAME	Katy Donalyn
STREET ADDRESS	1109 N.E. JENSEN BEACH BLVD.	6.3 STREET ADDRESS	2382 S.E. Bounty Ave.
CITY-ST-ZIP	JENSEN BEACH FL	6.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34952

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

(511) 334-968

CR2E037 (11/98)