

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 755408**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2040028**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HEGGIE, VIRGINIA  
1234 N.W. SPRUCE RIDGE DR.  
STUART FL 34994**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
HESFORD, ANNE  
760 NE STOKES TERRACE  
JENSEN BEACH FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
EUTENEUER, TOM  
4500 SOUTH DIXIE  
WEST PALM BEACH FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
Allard, Linda  
801 SE Forgal St. Pt. St. Lucie, FL 34983**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
DELDUCA, MARY  
2258 S.E. BARON ST  
PT ST LUCIE FL 34952**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
COYLE, JOANNE  
2287 N.E. 16TH STREET  
JENSEN BEACH FL 34957**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DONALYN, KATY  
2382 S.E. BOUNTY AVENUE  
PT ST LUCIE FL 34952**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Donlon, Katy  
2382 SE Bounty Ave  
Pt. St. Lucie, FL 34952**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Ann Hesford**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 (561) 334-9688  
Date Daytime Phone #

CR2E037 (10/00)

0084165