

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90019 023 \*\*\*\*61.25

**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**

DO NOT WRITE IN THIS SPACE

**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 **D** ☐ Delete  
NAME **HEGGIE, VIRGINIA**  
STREET ADDRESS **1234 N.W. SPRUCE RIDGE DR.**  
CITY-ST-ZIP **STUART FL 34994**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DT** ☐ Delete  
NAME **HESFORD, ANNE**  
STREET ADDRESS **760 NE STOKES TERRACE**  
CITY-ST-ZIP **JENSEN BEACH FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DC** ☐ Delete  
NAME **ALLARD, LINDA**  
STREET ADDRESS **801 SE FORGAL STREET**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **DELDUCA, MARY**  
STREET ADDRESS **2258 S.E. BARON ST**  
CITY-ST-ZIP **PT ST LUCIE FL 34952**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **COYLE, JOANNE**  
STREET ADDRESS **2287 N.E. 16TH STREET**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☒ Delete  
NAME **DONALYN, KATY**  
STREET ADDRESS **2382 S.E. BOUNTY AVENUE**  
CITY-ST-ZIP **PT ST LUCIE FL 34952**TITLE ☒ Change ☐ Addition  
NAME **S DelDuca, Mary**  
STREET ADDRESS **2258 S.E. Baron St.**  
CITY-ST-ZIP **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:****SIGNATURE REQUIRED**  
**M. HESFORD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **2/15/02** Daytime Phone # **(561) 286-4670**

CR2E037 (9/01)