

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90017 015 \*\*\*\*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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2040028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

44051436



MOORE

CR2E037 (4/04)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HEGGIE, VIRGINIA	
STREET ADDRESS	1234 N.W. SPRUCE RIDGE DR.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HESFORD, ANNE	
STREET ADDRESS	760 NE STOKES TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ALLARD, LINDA	
STREET ADDRESS	801 SE FORGAL STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	P	<input type="checkbox"/> Delete
NAME	DELDUCA, MARY	
STREET ADDRESS	2258 S.E. BARON ST	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COYLE, JOANNE	
STREET ADDRESS	2287 N.E. 16TH STREET	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEGGIE, VIRGINIA	
STREET ADDRESS	1234 NW SPRUCE RIDGE DR.	
CITY-ST-ZIP	STUART FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

7/30/04 (772) 286-4620

Date

Daytime Phone #