

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90128 033 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

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

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

7. Name and Address of New Registered Agent

Name

DEL DUCA, MARY

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

933 S.E. LINCOLN AVE.

City

STUART

FL

Zip Code

34994

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

*Mary Del Duca*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3/22/06

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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 ☒ Delete  
NAME HEGGIE, VIRGINIA  
STREET ADDRESS 1234 N.W. SPRUCE RIDGE DR.  
CITY-ST-ZIP STUART FL 34994

TITLE DT ☐ Delete  
NAME HESFORD, ANNE  
STREET ADDRESS 760 NE STOKES TERRACE  
CITY-ST-ZIP JENSEN BEACH FL

TITLE DC ☐ Delete  
NAME ALLARD, LINDA  
STREET ADDRESS 801 SE FORGAL STREET  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE P ☐ Delete  
NAME DELDUCA, MARY  
STREET ADDRESS 2258 S.E. BARON ST  
CITY-ST-ZIP PT ST LUCIE FL 34952

TITLE VP ☐ Delete  
NAME COYLE, JOANNE  
STREET ADDRESS 2287 N.E. 16TH STREET  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE S ☒ 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 D. ☒ Change ☐ Addition  
NAME DEL DUCA, MARY  
STREET ADDRESS 2258 S.E. BARON ST.  
CITY-ST-ZIP PT. ST. LUCIE, FL. 34952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

ANN HESFORD

3/22/06

(772) 286-4670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #