

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90085 021 \*\*\*\*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 - No P.O. Box #

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL DUCA, MARY  
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. 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 May 1, 2007**

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 DEL DUCA, MARY  
STREET ADDRESS 2258 SE BARON ST  
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME LISA BUSS  
STREET ADDRESS 1200 S.W. WHISPER RIDGE TRL.  
CITY-ST-ZIP PALM CITY, FL. 34990

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 M. Hesford* ANN M. HESFORD

2/14/07 (772) 286-4620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #