

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90130 012 ****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**

90020939



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2040028**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **DELDUCA, MARY**
CITY-ST-ZIP **2258 SE BARON STREET
PORT SAINT LUCIE FL 34952**

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **HEGGIE, VIRGINIA**
CITY-ST-ZIP **1234 N.W. SPRUCE RIDGE DR.
STUART, FL 34994**

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] **HEGGIE, VIRGINIA**

2/6/03 (772) 286-4670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)