

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009604

FILED
Mar 31, 2008
Secretary of State

Entity Name: UNITED WAY OF MARTIN COUNTY FOUNDATION, INC.

Current Principal Place of Business:

50 KINDRED STREET
SUITE 207
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 362
STUART, FL 34995

New Mailing Address:

FEI Number: 20-3521388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOJCSIK, JAMES
50 KINDRED STREET
SUITE #207
STUART, FL 34994 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: S. PRESTLEY BLAKE,
Address: 6799 SE SOUTH MARINA WAY
City-St-Zip: STUART, FL 34996

Title: VP () Delete
Name: BROWN, THEODORE
Address: 819 SOUTH FEDERAL HIGHWAY #100
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: CLANCY, LEO
Address: 1419 WINTER CREEK ROAD
City-St-Zip: PALM CITY, FL 34990

Title: P () Delete
Name: JUNOD, VICKI
Address: 4299 WHITICAR WAY
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: DONOHUE, EDITH M
Address: 144 NE EDGEWATER DR. #3103
City-St-Zip: STUART, FL 34996

Title: T () Delete
Name: THOMAS, ROBERT
Address: 777 S. FLAGLER DRIVE #150
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. VOJCSIK

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03/31/2008

Electronic Signature of Signing Officer or Director

Date