2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N05000009604

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:	CHAPOGAS, JAMIE	
Address:	2900 SW TOWN CENTER WAY	
City-St-Zip:	PALM CITY, FL 34990	
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:	MANDODY, CLIFF	
Address:	2100 SE OCEAN BLVD	
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: VICKI JUNOD P 01/16/2009

Electronic Signature of Signing Officer or Director — Date