

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009604

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC7039209694**

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

**Current Principal Place of Business:**

10 SE CENTRAL PARKWAY  
SUITE 101  
STUART, FL 34994

**Current Mailing Address:**

PO BOX 362  
STUART, FL 34995

**FEI Number:** 20-3521388

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOJCSIK, JAMES  
10 SE CENTRAL PARKWAY  
SUITE 101  
STUART, FL 34994 US

*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

**Officer/Director Detail :**

Title VP  
Name BROWN, THEODORE  
Address 11301 US HIGHWAY 1  
City-State-Zip: WEST PALM BEACH FL 33408

Title PRESIDENT  
Name THURLOW, THOMAS H  
Address 17 MARTIN LUITHER KING BLVD  
City-State-Zip: STUART FL 34994

Title SEC  
Name VOJCSIK, JAMES P  
Address PO BOX 362  
City-State-Zip: STUART FL 34995

Title TREA  
Name THOMAS, ROBERT  
Address 215 SW FEDERAL HIGHWAY SUITE 101  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name CLEAVER, CHARLES  
Address 8430 SE WOODCREST PLACE  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name FENNER, HAL  
Address 104 SE MIRA LAVELLA  
City-State-Zip: PORT ST. LUCIE FL 33455

Title DIRECTOR  
Name SCOTT, RACHEL  
Address 4684 SE WILLIAMS WAY  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name WEISSMAN, ROBERT  
Address 1212 WINTERS CREEK ROAD  
City-State-Zip: PALM CITY FL 34990

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES P. VOJCSIK

**PRESIDENT & CEO**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WILCOX, SARA  
Address 3905 SW SAN CLEMENTE COURT  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name CHAPPEL, AMY  
Address 701 COLORADO AVENUE  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name BRINK, ARTHUR  
Address 10 SE CENTRAL PARKWAY  
SUITE 101  
City-State-Zip: STUART FL 34994