

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009604

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 D
Name HUDON, DENNIS S
Address 815 COLORADO AVENUE
City-State-Zip: STUART FL 34994

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

Title D
Name THURLOW, THOMAS H
Address 17 MARTIN LUTHER 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 BRADLEY, MARGARET
Address 1867 SW FOXPOINT TRAIL
City-State-Zip: PALM CITY FL 34990

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

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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 VOJCSIK**EXECUTIVE DIRECTOR****01/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REILLY, MICHAEL
Address 7861 SE GOLFHOUSE DRIVE
City-State-Zip: HOBE SOUND FL 33455

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

Title DIRECTOR
Name YOUNG, RICHARD
Address 1666 BUTTONBUSH CIRCLE
City-State-Zip: PALM CITY FL 34990

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

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