

2018 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:**HOUWAART-DIEZ, CAROL G.
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:** CAROL G. HOUWAART-DIEZ

03/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SEC
Name HOUWAART-DIEZ, CAROL G
Address PO BOX 362
City-State-Zip: STUART FL 34995

Title TREASURER
Name CHAPPEL, AMY
Address 701 COLORADO AVENUE
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 WEISSMAN, ROBERT
Address 1212 WINTERS CREEK ROAD
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR
Name LAWS-SCOTT, JEAN
Address 872 COLORADO BLVD
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name PINNACOLI, STEPHEN
Address 27 SE OCEAN BLVD
City-State-Zip: STUART FL 34994

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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: CAROL G. HOUWAART-DIEZ

PRESIDENT/CEO

03/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DAKERS, RICHARD
Address	6976 SE HARBOR CIRCLE
City-State-Zip:	STUART FL 34996