FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N23382

1. Corporation Name

THE KORESHAN UNITY ALLIANCE INCORPORATED

Principal Place of Business

Mailing Address

U.S. 41 AT CORKSCREW RD. ESTERO. 33928

U.S. 41 AT CORKSCREW RD. ESTERO, 33928

P.O. BOX 2061 FT. MYERS FL 33902

P.O. BOX 2061 FT. MYERS FL 33902



99 FEB 17 PH 12: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

		I LEBA BABA BAL	111 81811 8 581	

J				,		
2. Principal P	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21		26		11/09/1987		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27		65-0054259	Not Applicable	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional	
23		28		4	Fee Required	
Zip	Country	Z _i p	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25		30	Trust Fund Contribution	Added to Fees	
<u> </u>	9. Name and Address of Curren	it Registered Agent	B1 Name	10. Name and Address of New Register	ed Agent	
				Jonnar Parks		
	MLLIAME		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
	DALEUCA LANE		83 3 2	834 Cortserew Ro	a of	
FT. MYER	S FC 38901		63			
J			84 City	<u> </u>	85 Zip Code	
-				tstero F	- DD768	
office or n	to the provisions or Sections 617,050 regis jered agent, or both, in the State	z ano 617.1508, Florida Statutes of €lorida. Şuch change was aut	s, the above-named c thorized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	or changing its registered pointment as registered	
agent.la	am familiar with, and accept the policia	tions of, Section 617.0503, Florid	da Statutes.	ation's board of directors. I hereby accept the ap		
SIGNATURE	Xunow 1	$wv \times$		1/29/9	79	
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	Registered Agent algnature rec	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD OFFICERS AIN	□ DELETE	1.1 T/TLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	GRACE, WILLIAM H	D 022272	12 NAME		C Cutange	
STREET ADDRESS	l					
	FT. MYERS FL		1.3 STREET ADDRESS			
CTY-ST-ZIP	SD SD	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
NAME	GRACE, SUSAN H		22 NAME		Circumson Circumson	
STREET ADDRESS			1			
			23 STREET ADDRESS			
CTTY-ST-ZIP	FORT MYERS FL 33901	T DELETE	2 4 CiTY-ST-ZIP 31 TiTLE		☐ Addition	
NAME	PARKS JEANNE	D DELETE	32 NAME	TO		
STREET ADDRESS	1941/CT. CORKSCREW RD		3.3 STREET ADDRESS	Ezell Givens 3450 Corkson Re 35500 Francis	,	
	ESTERO FL 33928			3850 Corkisinen Ka	3600	
CITY-ST-ZIP TITLE	Edition LE 22920	☐ DELETE	3.4. CITY-ST-ZIP	25 tim Phur. Av	Change Addition	
NAME			4.2 NAME		C ourself C Lineoution	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
NAME		F3 666F1F	5.2 NAME		Floreside Floresides	
STREET ADDRESS			5.3 STREET ADDRESS	, 11		
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP	\ M a \	1c.)	
TITLE		☐ DELETE	6.1 TITLE	19:51	Change Addition	
NAME			62 NAME	\mathcal{P}	المرابعة الم	
STREET ADDRESS	{		63 STREET ADDRESS		l	
1			64 City-St-ZiP			
CITY-ST-ZIP	l		04 MIL-31-44			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THE CHARGE IN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Department of Environmental Protection

Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

February 16, 1999

Mr. David Mann, Director Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that the Koreshan Unity Alliance, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP

Director

Division of Recreation and Parks

FPM/paw Attachments