


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N23382
 1. Entity Name
THE KORESHAN UNITY ALLIANCE INCORPORATED



Principal Place of Business U.S. 41 AT CORKSCREW RD, ESTERO, 33928 P.O. BOX 2061 FT. MYERS, FL 33902	Mailing Address U.S. 41 AT CORKSCREW RD, ESTERO, 33928 P.O. BOX 2061 FT. MYERS, FL 33902
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0054259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRACE, WILLIAM
1326 MELALEUCA LANE
FORT MYERS, FL 33901

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000050000
 02/13/04-80045-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRACE, WILLIAM H 1326 MELALEUCA LANE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRACE, SUSAN H 1326 MELALEUCA LANE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATE, OHNEMUS 3850 CORKSCREW RD ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **William H. Grace** PD 2/13/04 (255) 334-2157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #