

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000000166 (7)**

1. Corporation Name

**UNITED CHURCH RESIDENCES OF IMMOKALEE, FLORIDA, INC.**



Principal Place of Business

Mailing Address

170 EAST CENTER ST.  
MARION OH 43302

170 EAST CENTER ST.  
MARION OH 43302

3. Date Incorporated or Qualified **01/10/1995** 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	26	P.O. Box 1806	4. FEI Number	58-2169014	Applied For	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.					Not Applicable	
22	City & State	27	City & State	28	Marion, OH	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	25	Country	29	43301-1806	30	Country	Marion
24						6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BRIAN S	1.2 NAME	
STREET ADDRESS	170 EAST CENTER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH 43302	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNON, WALLACE	2.2 NAME	Dorothy Eckert
STREET ADDRESS	170 EAST CENTER ST.	2.3 STREET ADDRESS	170 E. Center St.
CITY-ST-ZIP	MARION OH 43302	2.4 CITY-ST-ZIP	Marion, OH 43302
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTENSEN, ROBERT	3.2 NAME	Ronald E. Beach
STREET ADDRESS	170 EAST CENTER ST.	3.3 STREET ADDRESS	170 E. Center St.
CITY-ST-ZIP	MARION OH 43302	3.4 CITY-ST-ZIP	Marion, OH 43302
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKSON, JOHN R IV	4.2 NAME	Mary Ann Brown
STREET ADDRESS	170 EAST CENTER ST.	4.3 STREET ADDRESS	7100 Mallard Creek Dr.
CITY-ST-ZIP	MARION OH 43302	4.4 CITY-ST-ZIP	Horn Lake, MS 38637
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, ROBERT L	5.2 NAME	
STREET ADDRESS	170 EAST CENTER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH 43302	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEWIT, PAUL	6.2 NAME	
STREET ADDRESS	170 EAST CENTER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH 43302	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Ronald E. Beach*  
RONALD E. BEACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

Date

(614) 382-4885

Daytime Phone #

CR2E037 (12/95)