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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

P.O. BOX 1806
MARION OH 43301-1806
US

3. Date Incorporated or Qualified
01/10/1995

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

58-2169014

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes 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

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME ALLEN, BRIAN S
STREET ADDRESS 170 EAST CENTER ST.
CITY-ST-ZIP MARION OH 43302

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME ECKERT, DOROTHY
STREET ADDRESS 170 E CENTER ST
CITY-ST-ZIP MARION OH

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD DELETE
NAME BEACH, RONALD E
STREET ADDRESS 170 E CENTER ST.
CITY-ST-ZIP MARION OH

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME BROWN, MARY ANN
STREET ADDRESS 7100 MALLARD CREEK DR.
CITY-ST-ZIP HORN LAKE MS

4.1 TITLE Change Addition
4.2 NAME Cheryl Wickersham
4.3 STREET ADDRESS 170 E. Center St.
4.4 CITY-ST-ZIP Marion, OH 43302

TITLE D DELETE
NAME HART, ROBERT L
STREET ADDRESS 170 EAST CENTER ST.
CITY-ST-ZIP MARION OH 43302

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME KIEWIT, PAUL
STREET ADDRESS 170 EAST CENTER ST.
CITY-ST-ZIP MARION OH 43302

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

Date

Daytime Phone # 0076870

CR2E037 (9/96)