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NONPROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

## FILED May 18 1998 8:00am Secretary of State

UNITED CHURCH RESIDENCES OF IMMOKALEE, FLORIDA,	
INC.	Î
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Principal Place of Business 170 EAST CENTER ST. MARION OH 43302		Mailing Address	Mailing Address		r naaringa ara tarat arini dadii dadii dadii dadii dadii dadii dalah india aliita asii tadi				
		P.O. BOX 1806 MARION OH 43301-1806 US		3. Date Incorporated or Qualified 01/10/1995					
					4. FEI Number			Applied For	
					58-2169014			lot Applicable	
2. Principal Pl	lace of Business	2a. Mailing Address 26			5. Certificate of Status Desired	<b>*</b>		Additional Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		\$5.00	May Be	
22		27			Trust Fund Contribution	<u> </u>	Added	to Fees	
City & State		City & State	City & State			7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zíp	Countr	y	8. This corporation owes or has paid	the curre	nt year Ir	ntangible	
24	25	29	30		Personal Property Tax due June 3			□ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regi	stered A	gent		
			81	Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			82 Street Add		Address (P.O. Box Number is Not Acceptable	Idress (P.O. Box Number is Not Acceptable)			
	TION FL 33324		83	<del> </del>	<del> </del>	<del></del>			
104171	11071 1 2 0002 1		84	City		FI	85 Zip	Code	
84 D	to the manifelant of Sections C47 Of	On and 617 1500 Florida Crat	40a 4ba aba		corporation submits this statement for the pu				
TI UI SUMITE	to the provisions of sections of 7.00	e of Florida Such change was	authorized h	v the corr	corporation's board of directors. I hereby accept	the appoi	intment a	s registered	
office or re agent. I a	egistered agent, or both, in the State om familiar with, and accept the oblig	gations of, Section 617.0503, F	lorida Statute	S.					
office or re agent. I as SIGNATURE.									
office or re agent. I as	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE: Registered Ag		required when reinstating)	DATE			
office or reagent. I as SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE: Registered Ag			DATE RS AND [	DIRECTO	RS IN 12	
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• In the by Certify that the information supplied with this little 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 changes, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98 (740) 362-488

Daytime Phone # 0076400