

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

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

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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**  
 4. FEI Number **58-2169014**  
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, BRIAN S</b>	
STREET ADDRESS	<b>170 EAST CENTER ST.</b>	
CITY-ST-ZIP	<b>MARION OH 43302</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ECKERT, DOROTHY</b>	
STREET ADDRESS	<b>170 E CENTER ST</b>	
CITY-ST-ZIP	<b>MARION OH</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEACH, RONALD E</b>	
STREET ADDRESS	<b>170 E CENTER ST.</b>	
CITY-ST-ZIP	<b>MARION OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WICKERSHAM, CHERLY</b>	
STREET ADDRESS	<b>170 E. CENTER ST.</b>	
CITY-ST-ZIP	<b>MARION OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HART, ROBERT L</b>	
STREET ADDRESS	<b>170 EAST CENTER ST.</b>	
CITY-ST-ZIP	<b>MARION OH 43302</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KIEWIT, PAUL</b>	
STREET ADDRESS	<b>170 EAST CENTER ST.</b>	
CITY-ST-ZIP	<b>MARION OH</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Sutch, Naida</b>
2.3 STREET ADDRESS	<b>170 E. Center ST</b>
2.4 CITY-ST-ZIP	<b>Maion OH</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Ronald E. Beach Date: 4/28/98 (740) 362-4885  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0076408

CR2E037 (10/97)