

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000166

1. Corporation Name
UNITED CHURCH RESIDENCES OF IMMOKALEE, FLORIDA, INC.

Principal Place of Business
 170 EAST CENTER ST.
 MARION OH 43302

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2169014	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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: NA (NOTE: Registered Agent signature required when reinstating) 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	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	President	
NAME	SUTCH, NADIA		2.2 NAME			William Wright	
STREET ADDRESS	170 E CENTER ST		2.3 STREET ADDRESS			170 E. Center Street	
CITY-ST-ZIP	MARION OH		2.4 CITY-ST-ZIP			Marion, OH 43302	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BEACH, RONALD E		3.2 NAME				
STREET ADDRESS	170 E CENTER ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MARION OH		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WICKERSHAM, CHERLY		4.2 NAME				
STREET ADDRESS	170 E. CENTER ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	MARION OH		4.4 CITY-ST-ZIP				
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	V	<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		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, with all other like empowered.

SIGNATURE: Donald E. Scott SECRETARY/Treasurer 4/19/99 (740) 382-4885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)