

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000166

FILED
Apr 14, 2009
Secretary of State

Entity Name: UNITED CHURCH RESIDENCES OF IMMOKALEE, FLORIDA, INC.

Current Principal Place of Business:

550 HOPE CIRCLE
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

170 EAST CENTER ST.
MARION, OH 43302

New Mailing Address:

FEI Number: 58-2169014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: AVPD () Delete
Name: ALLEN, BRIAN S
Address: 170 EAST CENTER ST.
City-St-Zip: MARION, OH 43302

Title: PD () Delete
Name: SPELLER, MARY ANNA
Address: 170 E. CENTER STREET
City-St-Zip: MARION, OH 43302

Title: STD () Delete
Name: BEACH, RONALD E
Address: 170 E CENTER ST.
City-St-Zip: MARION, OH

Title: ASTD () Delete
Name: WICKERSHAM, CHERYL L
Address: 170 E. CENTER ST.
City-St-Zip: MARION, OH

Title: VPD () Delete
Name: STAHLY, KAREN
Address: 170 EAST CENTER ST.
City-St-Zip: MARION, OH 43302

Title: D () Delete
Name: HART, ROBERT
Address: 170 EAST CENTER ST.
City-St-Zip: MARION, OH 43302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: STONER, JOHN P
Address: 170 E CENTER ST.
City-St-Zip: MARION, OH

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KRUEGER, JOHN
Address: 170 EAST CENTER ST.
City-St-Zip: MARION, OH 43302

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P STONER

S/T

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date