

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N95000000166

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

**Current Principal Place of Business:**

550 HOPE CIRCLE  
IMMOKALEE, FL 34142

**Current Mailing Address:**

170 EAST CENTER ST.  
MARION, OH 43302

**FEI Number: 58-2169014**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** ERIC KLENZMAN

01/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BERTSCH, JOHN  
Address        170 EAST CENTER ST.  
City-State-Zip: MARION OH 43302

Title            VP  
Name            SHEIDLER, SUE  
Address        170 E. CENTER STREET  
City-State-Zip: MARION OH 43302

Title            TREASURER  
Name            RENNER, JOHN  
Address        170 E. CENTER ST.  
City-State-Zip: MARION OH

Title            MEMBER  
Name            KRUEGER, JOHN  
Address        153 SUMMER SHADE CT  
City-State-Zip: GREENFIELD IN 46140

Title            MEMBER  
Name            ELLIS, SUE  
Address        170 EAST CENTER ST.  
City-State-Zip: MARION OH 43302

Title            MEMBER  
Name            BROWNFIELD, TOM  
Address        170 E CENTER ST  
City-State-Zip: MARION OH 43302

Title            MEMBER  
Name            GREEN, CATHY  
Address        170 EAST CENTER ST  
City-State-Zip: MARION OH 43302

Title            MEMBER  
Name            SCHWAB, DAVID  
Address        170 EAST CENTER ST  
City-State-Zip: MARION OH 43302

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN RENNER

TREASURER

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MEMBER  
Name HENRY, JIM  
Address 170 EAST CENTER ST  
City-State-Zip: MARION OH 43302

Title MEMBER  
Name BUSCH, DAN  
Address 170 EAST CENTER ST  
City-State-Zip: MARION OH 43302

Title MEMBER  
Name SPELLER, MARY ANNA  
Address 170 EAST CENTER ST  
City-State-Zip: MARION OH 43302

Title MEMBER  
Name BECK, RICHARD  
Address 170 EAST CENTER ST  
City-State-Zip: MARION OH 43302

Title MEMBER  
Name SCHROER, JOYCE  
Address 170 EAST CENTER ST  
City-State-Zip: MARION OH 43302