

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000166

**FILED**  
**Feb 15, 2019**  
**Secretary of State**  
**8319604870CC**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title OTHER, ASST. VICE PRESIDENT  
Name DANIEL, KENNETH V  
Address 170 EAST CENTER ST.  
City-State-Zip: MARION OH 43302

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

Title SECRETARY  
Name WICKERSHAM, CHERYL L  
Address 170 E. CENTER ST.  
City-State-Zip: MARION OH

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

Title TREASURER  
Name DIBLE, RICHIE  
Address 170 EAST CENTER ST.  
City-State-Zip: MARION OH 43302

*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: RICHIE DIBLE**

**TREASURER**

**02/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date