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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723788 (6)

1. Corporation Name

THE KORESHAN UNITY FOUNDATION, INC.



Principal Place of Business

Mailing Address

CORKSCREW ROAD AT HWY 41
P.O. BOX 97
ESTERO FL 33928CORKSCREW ROAD AT HWY 41
P.O. BOX 97
ESTERO FL 33928-00973. Date Incorporated or Qualified
06/30/19723a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 8661 Corkscrew Rd.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Estero, FL

28

Zip Country

Zip Country

24 33928

25

29

30

4. FEI Number

59-1463053

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIGELOW, JO
PO BOX 97 HIGHWAY 41
HIGHWAY 41
ESTERO FL 33928

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BIGELOW, JO
STREET ADDRESS P.O. BOX 464 N/A
CITY - ST - ZIP ESTERO FL 339281.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE D
NAME HANNA, RUSSELL J.
STREET ADDRESS 60 TROIS COURT
CITY - ST - ZIP FT. MYERS FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE VD
NAME WERTKIN, GERARD
STREET ADDRESS 120 BREWSTER RD.
CITY - ST - ZIP SCARSDALE NY3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE SD
NAME POBANZ, DOROTHY
STREET ADDRESS 5107 PELICAN BLVD.
CITY - ST - ZIP CAPE CORAL FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D
NAME SMITH, KAY
STREET ADDRESS 27600 GROVE ROAD
CITY - ST - ZIP BONITA SPRINGS FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Jo Bigelow

JO BIGELOW

1-8-97

941-992-2184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0057070

CR2E037 (9/96)