	FILE N	OW: FILING	rded					
NONPE CORPOR ANNUAL F	RATION REPORT		Kath Sec	EPARTMENT OF STATE nerine Harris retary of State OF CORPORATIONS		Programme Andrews		
DOCUMENT # 723788 (Update) 1. Corporation Name					93 / PR (SS APRILLE ANTHER		
Koreshan Unity Foundation, Inc.						The Color of Alba		
Principal Place of Bus 8661 Cor Estero,	kscrew		Mailing Address P.O. Box 9 Estero, FL			,		
2. Principal Place of 21 Suite, Apt. #, etc. 22 City & State 23 Zip	Business	2	2a. Mailing Address 6 Suite, Apt. #, etc. 7 City & State 8	Country	3. Date Incorporated or Qualifed 06/30/72 4. FEI Number 59-1463053 5. Certificate of Status Desired	Applied Not App \$8.75 Additi Fee Require	onal od	
24	25	2 ss of Current Re		30	6. Election Campaign Financing Trust Fund Contribution	LI \$5.00 May Added to Fee		
Cox, Joe B., Esq. c/o Cummings & Lockwood 3001 Tamiami Trail N., 4th Floor Naples, FL 34103 81 Name 82 Street Address 83 84 City					-04/19	ss (P.O. Box Number is Not Acceptable) 4 (10 11 11 12 12 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14		
office or registere agent. I am familia SIGNATURE Signature. 12. FITLE Pro	d agent, or both, ar with, and acceptive or printed name OSSIDENT	in the State of Fic ppt the obligations of registered agent and to FFICERS AND DI	orida. Such change wa of, Section 617.0503, the if applicable (No.	s authorized by the corp Florida Statutes. OIE Registered Agent signature to 13.	ADDITIONS/CHANGES TO OFF	the appointment as register Date ICERS AND DIRECTORS IN	ed ©	
STREET ADDRESS P. C	jelow, C D. Box 4 tero, Fl	164 _ 33928		12 NAME 13 STREET ADORESS 14 CITY-ST-ZIP	Roemig, Madeline 9912 Calico Court Estero, FL 33928		CR2E037	
NAME Date STREET ADDRESS P. C				21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP	Trustee Cox, Joe B. 3001 Tamiami Trail Naples, FL 34103		Addition O	
NAME WET	tkin, (18 Fifth	President Berard C. Avenue NY 10128	•	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP		[Change []	Addition	
NAME SECTION SECTION STREET ADDRESS 677	retary- , Sara 77 Winkl	Treasure W. er Rd.,	F-126	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		∏Change ☐	Addition	
NAME Han STREET ADDRESS 60	istee ina, Rus Trois C		C) pereis	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐	Addition	
NAME POD STREET ADDRESS CAR	Myers, istee anz, Do e Coral 7 Pelic		DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	15. 4/10/99 991	C) Change []	Addition	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)fi), 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: _

Sec-Treas.

Signature and typed on Printed name of Signing Officer or Director

SARA W. REA

03/23/99

Date

941-992-2184