

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15960 (0)

1. Corporation Name

IMMOKALEE MENNONITE CHURCH, INC.

Principal Place of Business

Mailing Address

PO BOX 1010
IMMOKALEE FL 33934

PO BOX 1010
IMMOKALEE FL 33934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/21/1986

3a. Date of Last Report
03/09/1994

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERSHEY, BENJAMIN D.
701 GLADES STREET
IMMOKALEE FL 33934

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MARTIN, MARY ALICE
1202 JEFFERSON AVENUE
IMMOKALEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILSON, ALLEN
1300 S. NOBLES RD.
LA BELLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GRIFFEN, ELMER
PO BOX 323 N/A
IMMOKALEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HERSHEY, BENJAMIN LEE
701 GLADES ST.
IMMOKALEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HERSHEY, BENJAMIN D.
701 GLADES ST.
IMMOKALEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
WOLGEMUTH, THELMA
1202 JEFFERSON AVENUE
IMMOKALEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Mary Alice Martin Mary Alice Martin

WITNESSED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/95

Date

813-657-5115

(My/Her/His Name)