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**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90089 026 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15960**

1. Corporation Name

**IMMOKALEE MENNONITE CHURCH, INC.**

Principal Place of Business

PO BOX 1010  
IMMOKALEE FL 33934

Mailing Address

PO BOX 1010  
IMMOKALEE FL 33934



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/21/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip
				30	Country

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 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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARY ALICE	1.2 NAME	
STREET ADDRESS	1202 JEFFERSON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ALLEN	2.2 NAME	
STREET ADDRESS	1300 S. NOBLES RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LA BELLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHEY, BENJAMIN D.	3.2 NAME	
STREET ADDRESS	701 GLADES ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLGEMUTH, THELMA	4.2 NAME	
STREET ADDRESS	1202 JEFFERSON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

**SIGNATURE:** Mary Alice Martin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Alice Martin

Date

Daytime Phone #

CR2E037 (11/98)