

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15960

1. Entity Name

IMMOKALEE MENNONITE CHURCH, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90098 015 ****61.25

Principal Place of Business

Mailing Address

PO BOX 1010
IMMOKALEE FL 33934

PO BOX 1010
IMMOKALEE FL 34143-1010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERSHEY, BENJAMIN D.
701 GLADES STREET
IMMOKALEE FL 33934

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, MARY ALICE	
STREET ADDRESS	1202 JEFFERSON AVENUE	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, ALLEN	
STREET ADDRESS	1300 S. NOBLES RD.	
CITY-ST-ZIP	LA BELLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHEY, BENJAMIN D.	
STREET ADDRESS	701 GLADES ST.	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOLGEMUTH, THELMA	
STREET ADDRESS	1202 JEFFERSON AVENUE	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Alice Martin

Mary Alice Martin - 1-12-00 657-2796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)