

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23382

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** THE KORESHAN UNITY ALLIANCE INCORPORATED

**Current Principal Place of Business:**

U.S. 41 AT CORKSCREW RD, ESTERO, 33928  
P.O. BOX 2061  
FT. MYERS, FL 33902

**New Principal Place of Business:**

U.S. 41 AT CORKSCREW RD, ESTERO, 33928  
FT. MYERS, FL 33902

**Current Mailing Address:**

U.S. 41 AT CORKSCREW RD, ESTERO, 33928  
P.O. BOX 2061  
FT. MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 65-0054259      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRACE, WILLIAM  
1326 MELALEUCA LANE  
FORT MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRACE, WILLIAM H  
Address: 1326 MELALEUCA LANE  
City-St-Zip: FT. MYERS, FL

Title: SD ( ) Delete  
Name: GRACE, SUSAN H  
Address: 1326 MELALEUCA LANE  
City-St-Zip: FORT MYERS, FL 33901

Title: TD ( ) Delete  
Name: GRACE, SUSAN  
Address: 1326 MELALEUCA LANE  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. GRACE

PD

01/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date