

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000783 (1)**

1. Corporation Name

UNITED MERCY FOUNDATION CORPORATION

Principal Place of Business

**902 CLOYD DAIRY LOOP
ORLANDO FL 32825**

Mailing Address

**P.O. BOX 667
ROSEBURG OR 97470**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1993** 3a. Date of Last Report **01/03/1995**

4. FEI Number **59-3172634** Applied For Not Applicable

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. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

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

9. Name and Address of Current Registered Agent

**SIVAR, YILDIRIM M
902 CLOYD DAIRY LOOP
ORLANDO FL 32825**

10. Name and Address of New Registered Agent

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PD**
NAME **HASE, SHAIKHA ALI**
STREET ADDRESS **1730 N.W. VALLEY VIEW DRIVE**
CITY - ST - ZIP **ROSEBURG OR 97470**

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

TITLE **VD**
NAME **GUNGOREN, HAKKI**
STREET ADDRESS **1730 N.W. VALLEY VIEW DRIVE**
CITY - ST - ZIP **ROSEBURG OR 97470**

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

TITLE **S**
NAME **SIVAR, YILDIRIM**
STREET ADDRESS **902 CLOYD DAIRY LOOP**
CITY - ST - ZIP **ORLANDO FL 32825**

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

TITLE **TD**
NAME **SYKES, MARY J**
STREET ADDRESS **1730 N.W. VALLEY VIEW DRIVE**
CITY - ST - ZIP **ROSEBURG OR 97470**

41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

TITLE **D**
NAME **ONCU, EYUP**
STREET ADDRESS **RUMELI HISARI BALTA LIMANI CAPA**
CITY - ST - ZIP **YAZI D2 ISTANBUL, TURKEY**

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. 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 Statute. 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 J. Sykes, Treas MARY J. SYKES, TREAS K-20-91 503-673-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)