

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000000783 (1)**

1. Corporation Name

**UNITED MERCY FOUNDATION CORPORATION**

Principal Place of Business

Mailing Address

**902 CLOYD DAIRY LOOP  
ORLANDO FL 32825**

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



3. Date Incorporated or Qualified

**03/15/1993**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

4. FEI Number

**59-3172634**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23**

**28**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

☐ DELETE

TITLE

**PD  
HASE, SHAIKHA ALI  
1730 N.W. VALLEY VIEW DRIVE  
ROSEBURG OR 97470**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VD  
GUNGOREN, HAKKI  
1730 N.W. VALLEY VIEW DRIVE  
ROSEBURG OR 97470**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**TD  
SYKES, MARY J  
1730 N.W. VALLEY VIEW DRIVE  
ROSEBURG OR 97470**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D  
ONCU, EYUP  
RUMELI HISARI BALTA LIMANI CAPA  
YAZI D2 ISTANBUL, TURKEY**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

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 119.07(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 J Sykes, Secretary*

**MARY J SYKES**

**4-30-96**

**541-673-3445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)