

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 22 1998 8:00am
Secretary of State

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

4. FEI Number

59-3172634

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



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 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 relating)

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-98
Date

541-673-3445
Daytime Phone #

CR2E037 (5/98)