FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1997 8:00am

Secretary of State

941-656-0800

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000004063 (3) DOCUMENT # 1. Corporation Name

COMBINED RELIGIONS FOR COMBINED HUMAN SERVICES,

Principal Place of Business 13180 N. CLEVELAN RD. SUITE 211		Mailing Address				4 INSILIES DIE INIE DIN BENT MENT MANT MANT MANT MANT MANT MANT MANT MA				
		13180 N. CLEVELAN RD. Suite 211								
N. FT. MYERS	FL 33903	N. FT. MYERS FL 33903-62	31			3. Date Incorporated or Qualified 08/22/1994		of Last R 4/01/19		
2. Principal Place of Business		2a. Mailing Address 26			······································	4. FEI Number 65-0517860	<u> </u>	Applied For Not Applicable		
Suile, Apt #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	×	2 60 75 · · ·			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Col	untry		8. This corporation has liability for in		x under s		
24	[25]		30				Yes			
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Reg	istered Ag	ent		
0,550	ED ALUC			"	name					
GIRESI,		82 Street Ad			Street Addre	ess (P.O. Box Number is Not Acceptable	0)			
	I. CLEVELAN RD.	83				7-				
SUITE 2	MYERS FL 33903									
N. FI. N	MENO LE 20200			84	City		FL	85 Zip (Code	
11. Pursuant office or r agent 1 a	to the provisions of Sections 617.0502 egistered agent, or both, in the State om tamiliar with and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was a tions of, Section 617.0503, Flo	es, the a uthorize rida Sta	bove id by tutes.	named corporation	oration submits this statement for the pu on's board of directors. I hereby accep	rpose of c the appoir	hanging it ntment as	s registered registered	
SIGNATURE .		and a second								
12.	Signature, typed or printed name of registered ages OFFICERS AND		Hegislere	o Agen	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND F	NEECTOF	RS IN 12	
TITLE	CD	DELETE	1.1 T	ITLE		ADDITIONO/OFIANGEO TO OFFIC		Change	Addition	
NAME	ARICK, CARL L		1.2 N				-	_ onengo		
STREET ADDRESS	1005 PALM POINT LANE				ADDRESS					
CITY-S1-ZIP	N. FT. MYERS FL 33917		1	TY-ST						
TITLE	PD	DELETE	2.1 7				T	Change	Addition	
NAME	RENNEY, RICHARD		2.2 N	IAMÉ						
STREET ADDRESS	923 DOLPOHIN DR		2.3 \$	TREET A	ADDRESS					
City - St - Zif-	CAPE CORAL FL 33704		2. 4		r- ZIP					
TITLE	VD	☐ DELETE	3.1 T				L	Change	Addition	
NAME	FIORE, HANNABLE		3.2 N	AME						
STREET ADDRESS	1006 PALM POINT LANE		3.3 S	TREET #	ADDRESS					
CITY-ST-ZIP	N. FT. MYERS FL 33917		3.4. 0	CITY-ST	r- ZIP					
TATLE	T	DELETE	4.1 1	ITLE			L	Change	Addition	
NAME	GIRESI, FRANK		4.21	NAME						
STREET ADDRESS	3775 WINKER ROAD		4.3 S	TREET #	ADDRESS					
CITY+ST+ZIP	FT. MYERS FL 33916		4.4 C	ITY-ST	- ZIP					
TITLE	V	DELETE	5.1 7	TLE			Π	Change	Addition	
NAME	SCHULTZE, HOWARD		5.2 N	IAME						
STREET ADDRESS	15080 IONA LAKES DR		5.3 \$	TREET #	ADDRESS					
CITY-ST ZIF	FT MYERS FL 33908		5.4 C	ITY-SI	- ZIP					
TITLE		☐ DELETE	6.1 T	TLE				Change	☐ Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET A	ADDRESS					
011.4 67 316					7/0					

14. I do 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 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:

3-21-97
941-656-0880