


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90010 043 ****61.25

DOCUMENT # N04000001429

1. Entity Name
 CHAMBER OF COMMERCE OF IMMOKALEE, INC.



Principal Place of Business
 720 N 15 ST
 IMMOKALEE, FL 34142

Mailing Address
 720 N 15 ST
 IMMOKALEE, FL 34142

2. Principal Place of Business
 1167 SERENITY WAY BOX 5278
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 IMMOKALEE, FL

City & State
 IMMOKALEE FL

Zip
 34142

Country

Zip
 34143

Country

4. FEI Number
 16-1692187

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

03022006 Chg-NP CR2E037 (11/05)



6. Name and Address of Current Registered Agent

COLEMAN, ROBERT M JR CPA
 1400 A 15 ST N
 IMMOKALEE, FL 34142

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME TUTEN, SONYA	
STREET ADDRESS 1304 N 15TH ST	
CITY-ST-ZIP IMMOKALEE, FL 34142	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME HOLLAND, RAYMOND	
STREET ADDRESS 1500 N 15TH ST	
CITY-ST-ZIP IMMOKALEE, FL 34142	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME DEYO, EVA	
STREET ADDRESS P O BOX 5204	
CITY-ST-ZIP IMMOKALEE, FL 34143	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANNE GOODNIGHT	
STREET ADDRESS 425 FIRST ST	
CITY-ST-ZIP IMMOKALEE FL 34142	
TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNARDO BARNHART	
STREET ADDRESS 1400 N. 15 ST	
CITY-ST-ZIP IMMOKALEE, FL 34142	
TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVA DEYO	
STREET ADDRESS 1020 SOLITATION ROAD	
CITY-ST-ZIP IMMOKALEE, FL 34142	
TITLE TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVIA PUENTE	
STREET ADDRESS 417 N. 1ST ST	
CITY-ST-ZIP IMMOKALEE, FL 34142	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAJMK ANNE GOODNIGHT 3-2-06 239 250 3914
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #