
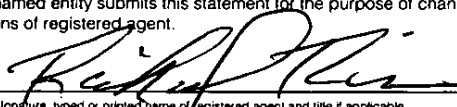
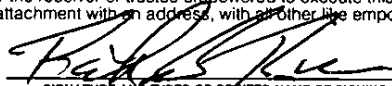


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90043 039 \*\*\*\*61.25

<b>DOCUMENT # N04000001429</b>			
1. Entity Name <b>CHAMBER OF COMMERCE OF IMMOKALEE, INC.</b>			
Principal Place of Business <b>1167 SERENITY WAY IMMOKALEE, FL 34142</b>		Mailing Address <b>5278 IMMOKALEE, FL 34143</b>	
2. Principal Place of Business - No P.O. Box # <b>310 ALACHUA ST.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>IMMOKALEE, FL</b>		City & State	
Zip <b>34142</b>	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>COLEMAN, ROBERT M JR CPA 1400 A 15 ST N IMMOKALEE, FL 34142</b>		7. Name and Address of New Registered Agent Name <b>RICHARD RICE</b> Street Address (P.O. Box Number is Not Acceptable) <b>310 ALACHUA ST</b> City <b>IMMOKALEE</b> FL Zip Code <b>34142</b>	
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 <b>4/11/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOODNIGHT, ANNE 425 FIRST ST IMMOKALEE, FL 34142</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ESSIE SERRATA 1800 FARM WORKER WAY IMMOKALEE, FL 34142</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BARNHART, BERNARDO 1400 N 15 ST IMMOKALEE, FL 34142</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RICHARD RICE 310 ALACHUA ST IMMOKALEE, FL 34142</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>X D DEYO, EVA 1020 SOLITATION RD IMMOKALEE, FL 34142</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PUENTR, SILVIA 417 N 1ST ST IMMOKALEE, FL 34142</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RICHARD RICE, SEC.</b> Date <b>4/11/07</b> Daytime Phone # <b>(239) 657-3237</b>	