

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001552

FILED  
Jan 18, 2012  
Secretary of State

**Entity Name:** IMMOKALEE PREGNANCY CENTER, INC.

**Current Principal Place of Business:**

1011W MAIN ST, STE 5  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 307  
IMMOKALEE, FL 34143

**New Mailing Address:**

**FEI Number:** 33-1205697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANSON, DIANE M  
1011 W. MAIN ST, STE 5  
IMMOKALEE, FL 34142 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HANSON, DIANE M  
Address: 4658 CATALINA LN  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: HANSON, DAVID G JR.  
Address: 4658 CATALINA LN  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: WILLIG, SARAH  
Address: 102 LEAWOOD CIR.  
City-St-Zip: NAPLES, FL 34104

Title: D  
Name: TRABBIC (DECARO), ROSE  
Address: 10285 HERITAGE BAY BLVD. #836  
City-St-Zip: NAPLES, FL 34120

Title: D  
Name: ROBERT, GARRITY  
Address: 5050 AVE MARIA BLVD.  
City-St-Zip: AVE MARIA, FL 34142

Title: D  
Name: WILLIAMS, SINCLAIRE  
Address: 511 14TH ST NE  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANE M. HANSON

EXEC

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date