

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90376 015 ****61.25

60049312



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0238516

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

SERRATA, ESMERALDA
1800 FARM WORKER WAY
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 *Esmeralda Serrata* **Esmeralda Serrata/STD**

January 18, 2006

Signature, typed or printed name of registered agent and the base code.

(NOTE: Registered Agent's signature required when re-electing)

DATE

**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 NAME STREET ADDRESS CITY ST ZIP	STD SERRATA, ESMERALDA 1800 FARM WORKER WAY IMMOKALEE, FL 34142	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D BORDEN, DAVID 2600 GOLDEN GATE PKWY NAPLES, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VD PRICE, STEVE 1400 NORTH 15TH STREET IMMOKALEE, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P FLORES, LILLIAN P.O. BOX 1515 IMMOKALEE, FL 34142	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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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 *Esmeralda Serrata* **Esmeralda Serrata, STD**

1/18/06

(239) 657-3649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #