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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000226 (8)

1. Corporation Name
IMMOKALEE CHILD CARE CENTER FOUNDATION, INC.



Principal Place of Business: 852 1ST AVE. SOUTH SUITE 211 NAPLES FL 33940
Mailing Address: 852 1ST AVE. SOUTH SUITE 211 NAPLES FL 34102-6127

3. Date Incorporated or Qualified: 01/12/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	31-1467072	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUJSA, HOWARD M 3001 TAMIAMI TRAIL NORTH NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PD DININO, JOHN
STREET ADDRESS		1.3 STREET ADDRESS	794 BROAD AVE So.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	NAPLES FL 34102-7390
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP NOLD, JOHNA.
NAME		2.2 NAME	995 N. COLLIER BLVD.
STREET ADDRESS		2.3 STREET ADDRESS	MARCO ISLAND FL 34145
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TD Vining, DONALD
NAME		3.2 NAME	415 CUTLASS LANE
STREET ADDRESS		3.3 STREET ADDRESS	NAPLES, FL 34102-7940
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD DULEBOHN, DAVID
NAME		4.2 NAME	630 VIA MEZNER UNIT 1001
STREET ADDRESS		4.3 STREET ADDRESS	NAPLES, FL 34108-6532
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: _____ REQUIRED 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056629

CR2E037 (9/96)