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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000226 (8)
 1. Corporation Name
IMMOKALEE CHILD CARE CENTER FOUNDATION, INC.



Principal Place of Business 852 1ST AVE. SOUTH SUITE 211 NAPLES FL 34102-6127 US	Mailing Address 852 1ST AVE. SOUTH SUITE 211 NAPLES FL 33940
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3. Date Incorporated or Qualified 01/12/1996		
4. FEI Number 31-1467072	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26 852 1ST AVE. SOUTH
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 211
City & State 23	City & State 28 NAPLES, FL.
Zip 24	Country 25
Country 25	Zip 29 34102-6127
	Country 30 U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HUJSA, HOWARD M
3001 TAMAMI TRAIL NORTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name JOHN DININO	
82 Street Address (P.O. Box Number is Not Acceptable) 3990 LAKEMONT DRIVE	
83	
84 City BONITA SPRINGS	85 Zip Code FL 34134

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 *John M. Dinino* **JOHN M. DININO - PRESIDENT** **3/30/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DININO, JOHN	
STREET ADDRESS	794 BROAD AVE. S.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOLD, JOHN A	
STREET ADDRESS	995 N. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VINING, DONALD	
STREET ADDRESS	4115 CUTLASS LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DULEBOHN, DAVID	
STREET ADDRESS	630 VIA MEZNER, UNIT1001	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN M. DININO
1.3 STREET ADDRESS	3990 LAKEMONT DRIVE
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL, 34134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *John M. Dinino* **JOHN M. DININO - PRESIDENT, 3/30/98 (941) 261-5111**

CR2E037 (10/97)