

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90025 008 ****61.25

DOCUMENT # N96000000226

1. Entity Name

THE FOUNDATION FOR THE IMMOKALEE CHILD CARE CENTER, INC.



Principal Place of Business

852 1ST AVE. SOUTH
SUITE 211
NAPLES FL 34102-6127
US

Mailing Address

852 1ST AVE S
STE 211
NAPLES FL 34102-6127
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1467072

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DININO, JOHN
3990 LAKEMONT DR
BONITA SPRINGS FL 34134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD DININO, JOHN M.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3990 LAKEMONT DR BONITA SPRINGS FL 34134	
TITLE NAME	VD NOLD, JOHN A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	995 N. COLLIER BLVD MARCO ISLAND FL	
TITLE NAME	TD FORD, CLIFF	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5637 WHISPERWOOD BLVD., #602 NAPLES FL 34110	
TITLE NAME	SD DULEBOHN, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	630 VIA MEZNER, UNIT1001 NAPLES FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	DR. DONALD YINING V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4115 CUTLASS LANE NAPLES, FL 34102	
TITLE NAME	THOMAS MASSEY TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	C/O RAYMOND JAMES ASSOC. 8899 PALM BEACH BLVD, SUITE 200 NAPLES, FL 34108	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 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

Date

Daytime Phone #

James J. Jordan
JAMES J JORDAN 1/21/04