

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90073 014 ****61.25



DOCUMENT # N9600000226

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: Suite, Apt. #, etc. _____
 3. Mailing Address: Suite, Apt. #, etc. _____

City & State: _____
 Zip: _____ Country: _____



1st MOORE - - CR2E037 (10/04)

4. FEI Number: **31-1467072** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent:
**DININO, JOHN
 3990 LAKEMONT DR
 BONITA SPRINGS FL 34134**

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: DININO, JOHN M. STREET ADDRESS: 3990 LAKEMONT DR CITY-ST-ZIP: BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: NOLD, JOHN A STREET ADDRESS: 4115 CUTLASS LANE CITY-ST-ZIP: NAPLES FL 34102	<input checked="" type="checkbox"/> Delete	TITLE: V.P. NAME: Vining, Donald STREET ADDRESS: 4115 Cutlass Lane CITY-ST-ZIP: Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MASSEY, THOMAS STREET ADDRESS: 8889 PELICAN BAY BLVD., STE 200 CITY-ST-ZIP: NAPLES FL 34108	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: DULEBOHN, DAVID STREET ADDRESS: 630 VIA MEZNER, UNIT1001 CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas A. Massey* **Thomas A. Massey** Date: **2-24-2005** Daytime Phone #: **239-222-1700**