


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90009 044 ****70.00

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 - No P.O. Box #
 Suite, Apt. #, etc. *Suite 208*

3. Mailing Address
 Suite, Apt. #, etc. *Suite 208*

City & State
 Zip Country

City & State
 Zip Country

04232007 Chg-NP CR2E037 (12/06)

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

VINING, DONALD
 4115 CUTLASS LANE
 NAPLES, FL 34102

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
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VINING, DONALD 4115 CUTLASS LANE NAPLES, FL 34102 <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	TD MASSEY, THOMAS 8889 PELICAN BAY BLVD., STE 200 NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Charles White <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6021 Ashford Lane Naples, Fla 34110-2397
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DULEBOHN, DAVID 630 VIA MEZNER, UNIT1001 NAPLES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Thomas Massey <input type="checkbox"/> Change <input type="checkbox"/> Addition 8445 Mystic Greens #2104 Naples, Fla 34113-0626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HART, JIM 3141 DOMINICA WAY NAPLES, FL 34119 <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	D Douglas Newell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3370 27th Ave S.W. Naples, Fla 34117-7140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Dinino <input type="checkbox"/> Change <input type="checkbox"/> Addition 3155 Santorini Court Naples, Fla 34119-7708

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: Donald Vining 24 April 2007 239 262-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #