

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90246 018 ****61.25

DOCUMENT # **N96000000226**



1. Entity Name
**THE FOUNDATION FOR THE IMMOKALEE CHILD CARE CENT
ER, 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1467072**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

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** Delete
NAME **DININO, JOHN M.**
STREET ADDRESS **3990 LAKEMONT DR**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **NOLD, JOHN A**
STREET ADDRESS **995 N. COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **VINING, DONALD**
STREET ADDRESS **4115 CUTLASS LANE**
CITY-ST-ZIP **NAPLES FL**

TITLE **TD** Change Addition
NAME **FORD, CLIFF**
STREET ADDRESS **5437 WHISPERWOOD BLVD. #402**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **SD** Delete
NAME **DULEBOHN, DAVID**
STREET ADDRESS **630 VIA MEZNER, UNIT1001**
CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: **CLIFFORD H. FORD** Date: **2/14/03** Daytime Phone #: **239-593-4731**

CR2E037 (10/02)