

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001429

FILED
Feb 08, 2016
Secretary of State
CC5728421067

Entity Name: THE IMMOKALEE CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1255 N. 15TH STREET
SUITE 3
IMMOKALEE, FL 34142

Current Mailing Address:

1255 N. 15TH STREET
SUITE 3
IMMOKALEE, FL 34142 US

FEI Number: 16-1692187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, NORMA
1255 N 15TH STREET
SUITE 3
IMMOKALEE, FL 34142 US

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.

SIGNATURE: NORMA GARCIA

02/08/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name GONZALEZ, DANIEL
Address 1109 W JEFFERSON AVE
City-State-Zip: IMMOKALEE FL 34142

Title VP
Name TORRES, GLORIA
Address 212 CANAL CT
City-State-Zip: LEHIGH ACRES FL 33936

Title T
Name NULL, ESTIL
Address 706 JEFFERSON AVE W
City-State-Zip: IMMOKALEE FL 34142

Title S
Name GARCIA, NORMA
Address 809 JEFFERSON AVE W
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name RINCON, JOSUE JR
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name BARNHART, BERNARDO
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR, .
Name ROTH, ARTHUR J
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name HOHMANN, JOSEPH
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMA GARCIA

SECRETARY

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HALMAN, ROBERT
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name BUSTOS, EDUARDO
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name POSADA, MARIO III
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name ROMERO, MARIELA
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name OLESKY, EDWARD
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name ANDERSON, PAUL
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name O'NEILL, MARIA ELENA
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name THOMAS, CHERRYLE
Address 1255 N 15TH STREET
SUITE 3
City-State-Zip: IMMOKALEE FL 34142