

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001552

Entity Name: IMMOKALEE PREGNANCY CENTER, INC.**Current Principal Place of Business:**1011W MAIN ST, STE 1
IMMOKALEE, FL 34142**Current Mailing Address:**1011W MAIN ST, STE 1
IMMOKALEE, FL 34142 US**FEI Number: 33-1205697****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANSON, DIANE M
1011 W. MAIN ST, STE 1
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HANSON, DIANE M
Address	4658 CATALINA LN
City-State-Zip:	BONITA SPRINGS FL 34134

Title	D
Name	HANSON, DAVID G JR.
Address	4658 CATALINA LN
City-State-Zip:	BONITA SPRINGS FL 34134

Title	D
Name	GARRITY, ROBERT
Address	5050 AVE MARIA BLVD.
City-State-Zip:	AVE MARIA FL 34142

Title	D
Name	WILLIG, SARAH
Address	102 LEAWOOD CIR.
City-State-Zip:	NAPLES FL 34104

Title	D
Name	SCANLON, RICHARD
Address	5702 MAYFLOWER WAY, NO 305
City-State-Zip:	AVE MARIA FL 34142

Title	T
Name	WILLIAMS, SINCLAIRE
Address	511 14TH ST NE
City-State-Zip:	NAPLES FL 34120

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: DIANE M. HANSON**CEO****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date