

2023 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 20516 POLYNESIAN LOOP
BOX 11
City-State-Zip: ESTERO FL 33928Title D
Name HANSON, DAVID G JR.
Address 20516 POLYNESIAN LOOP
BOX 11
City-State-Zip: ESTERO FL 33928Title BOARD MEMBER
Name ROSE , TRABBIC
Address 4480 MAGELLAN S
City-State-Zip: AVE MARIA FL 34142Title D
Name WILLIG, SARAH
Address 4745 11TH AVE SW
City-State-Zip: NAPLES FL 34116

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 HANSON**BOARD CHAIR****03/01/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date