# DOCUMENT# N11000010836

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Entity Name: IMMOKALEE SOCCER SCHOOL & ACADEMY, INC.

### **Current Principal Place of Business:**

753 EL PASO TRAIL IMMOKALEE, FL 34142

#### **Current Mailing Address:**

P.O. BOX 1978 IMMOKALEE, FL 34143 US

# FEI Number: 45-4403831

#### Name and Address of Current Registered Agent:

SALVATORI, WOOD & BUCKEL, PL 9132 STRADA PLACE FOURTH FLOOR NAPLES, FL 34108 US FILED Apr 26, 2017 Secretary of State CC1252062831

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	DIRECTOR	Title	TREASURER, DIRECTOR	
Name	CRUZ, ELEUTERIO	Name	RODRIGUEZ, ROSA YALY	
Address	5220 23RD COURT SW	Address	3895 13TH AVENUE SW	
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34117	
Title	PRESIDENT, DIRECTOR	Title	SECRETARY, DIRECTOR	
Name	BUNTZMAN, AROL I	Name	MCCONNELL, TRAVIS J	
Address	12747 YACHT CLUB CIRCLE	Address	1188 N. MARK LANE	
City-State-Zip:	FT. MYERS FL 33919	City-State-Zip:	WARSAW IN 46580	
Title	D	Title	D	
Name	ESFORMES, JON	Name	CHAPNICK, ELLEN	
Address	PO BOX 866	Address	3 PLOUGHMANS BUSH	
City-State-Zip:	PALMETTO FL 34220	City-State-Zip:	BRONX NY 10471	

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: ELEUTERIO CRUZ

DIRECTOR

04/26/2017

Date

Electronic Signature of Signing Officer/Director Detail

Date