

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010836

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALVATORI, WOOD & BUCKEL, PL
9132 STRADA PLACE
FOURTH FLOOR
NAPLES, FL 34108 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 DIRECTOR
Name CRUZ, ELEUTERIO
Address 5220 23RD COURT SW
City-State-Zip: NAPLES FL 34116

Title TREASURER, DIRECTOR
Name RODRIGUEZ, ROSA YALY
Address 3895 13TH AVENUE SW
City-State-Zip: NAPLES FL 34117

Title PRESIDENT, DIRECTOR
Name BUNTZMAN, AROL I
Address 12747 YACHT CLUB CIRCLE
City-State-Zip: FT. MYERS FL 33919

Title SECRETARY, DIRECTOR
Name MCCONNELL, TRAVIS J
Address 1188 N. MARK LANE
City-State-Zip: WARSAW IN 46580

Title D
Name ESFORMES, JON
Address PO BOX 866
City-State-Zip: PALMETTO FL 34220

Title D
Name KEY, BUDDY
Address 3975 E. RIVER DR.
City-State-Zip: FT. MYERS FL 33916

Title D
Name CHAPNICK, ELLEN
Address 3 PLOUGHMANS BUSH
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

02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date