

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9600000226

**FILED**  
**Feb 25, 2013**  
**Secretary of State**  
**CC2997696103**

**Entity Name:** THE FOUNDATION FOR THE IMMOKALEE CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

3775 AIRPORT PULLING RDN  
UNIT B  
NAPLES, FL 34105

**Current Mailing Address:**

3775 AIRPORT PULLING RDN  
UNIT B  
NAPLES, FL 34105 US

**FEI Number: 31-1467072**

**Certificate of Status Desired: No**

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

VINING, DONALD  
6854 DEL MAR TERRACE  
NAPLES, FL 34105 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 PD  
Name VINING, DONALD Q  
Address 6854 DEL MAR TERRACE  
City-State-Zip: NAPLES FL 34105

Title TD  
Name WHITE, CHARLES L  
Address 6021 ASHFORD LANE  
City-State-Zip: NAPLES FL 34110-2397

Title D  
Name MASSEY, THOMAS A  
Address 8445 MYSTIC GREENS #2104  
City-State-Zip: NAPLES FL 34113-0626

Title VP  
Name HART, JAMES W  
Address 3141 DOMINICA WAY  
City-State-Zip: NAPLES FL 34119

Title SD  
Name NEWELL, DOUGLAS  
Address 3370 27TH AVE S.W.  
City-State-Zip: NAPLES FL 34117-7140

Title D  
Name CARBONE, JERRY L  
Address 2340 MONT CLAIRE DRIVE # 202  
City-State-Zip: NAPLES FL 34109

*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: CHARLES L. WHITE**

**DIRECTOR/TREASURER**

**02/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date