

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 714475 (1)**

1. Corporation Name

**IMMOKALEE CHILD CARE CENTER, INC.**



Principal Place of Business

Mailing Address

**418 SCHOOL ST  
IMMOKALEE FL 33934  
US**

**ADMINISTRATION  
852 FIRST AVE SOUTH SUITE 211  
NAPLES FL 33940  
US**

3. Date Incorporated or Qualified  
**04/19/1968**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, DAVID  
1010 GULF SHORE BLVD NO  
NAPLES FL 33940**

81 Name **James J. Jordan**

82 Street Address (P.O. Box Number is Not Acceptable)  
**871 Reef Point Circle**

83

84 City **Naples**

**FL**

85 Zip Code  
**33963**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **TURNER, DAVID**  
STREET ADDRESS **1810 GULF SHORE BLVD., NO E3**  
CITY - ST - ZIP **NAPLES FL**

11 TITLE **PD** ☐ Change ☒ Addition  
12 NAME **Jordan, James J.**  
13 STREET ADDRESS **871 Reef Point Circle**  
14 CITY - ST - ZIP **Naples, FL. 33963**

TITLE **VD** ☐ DELETE  
NAME **DAVID, ROBERT**  
STREET ADDRESS **2731 ARDISIA LANE**  
CITY - ST - ZIP **NAPLES FL**

21 TITLE **VD** ☒ Change ☐ Addition  
22 NAME **David, Robert J.**  
23 STREET ADDRESS **2725 Sailors Way**  
24 CITY - ST - ZIP **Naples, FL 33942**

TITLE **VD** ☒ DELETE  
NAME **NUNNER, MRS. J**  
STREET ADDRESS **3803 KENT DRIVE**  
CITY - ST - ZIP **NAPLES FL**

31 TITLE **VD** ☒ Change ☐ Addition  
32 NAME **Lager, Vivian**  
33 STREET ADDRESS **257 Colonade Circle**  
34 CITY - ST - ZIP **Naples, FL. 33963**

TITLE **TD** ☐ DELETE  
NAME **HILL, WILLIAM**  
STREET ADDRESS **2375 TAMiami TR NO #296**  
CITY - ST - ZIP **NAPLES FL**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE **SD** ☐ DELETE  
NAME **LAGER, MRS. V**  
STREET ADDRESS **145 SECOND AVENUE SOUTH**  
CITY - ST - ZIP **NAPLES FL**

51 TITLE **SD** ☐ Change ☒ Addition  
52 NAME **McCallum, Sara**  
53 STREET ADDRESS **6191 22 Avenue S.W.**  
54 CITY - ST - ZIP **Naples, FL. 33999**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME **600001829886**  
63 STREET ADDRESS **05/20/96 - 01057-028**  
64 CITY - ST - ZIP **\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)