

FILE NOW: FILING FEE IS \$61.25

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May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714475** (1)

1. Corporation Name

**IMMOKALEE CHILD CARE CENTER, INC.**



Principal Place of Business	Mailing Address
<b>418 SCHOOL ST IMMOKALEE FL 33934 US</b>	<b>ADMINISTRATION 852 FIRST AVE SOUTH SUITE 211 NAPLES FL 34102-6127 US</b>

3. Date Incorporated or Qualified <b>04/19/1968</b>	3a. Date of Last Report <b>05/19/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1209842</b>	Applied For <input type="checkbox"/> Not Applicable
<b>21 415 COLORADO AVE</b>	<b>26</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
<b>22</b>	<b>27</b>		
City & State	City & State		
<b>23 IMMOKALEE, FL.</b>	<b>28</b>		
Zip	Country		
<b>24 34142-4034</b>	<b>29 USA</b>		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**JORDAN, JAMES J  
871 REEF POINT CIRCLE  
NAPLES FL 33963**

81 Name <b>JORDAN, JAMES J</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>871 REEF POINT CIRCLE</b>
83 <b>NAPLES, FL. 34108-8769</b>
84 City <b>FL</b>
85 Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) **3/18/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, JAMES J</b>	1.2 NAME	
STREET ADDRESS	<b>871 REEF POINT CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	1.4 CITY-ST-ZIP	<b>ZIP - 34108-8769</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>2725 SAILORS WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	2.4 CITY-ST-ZIP	<b>ZIP 34109-7633</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAGER, VIVIAN</b>	3.2 NAME	
STREET ADDRESS	<b>257 COLONADE CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	3.4 CITY-ST-ZIP	<b>ZIP 34103-8729</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, WILLIAM</b>	4.2 NAME	<b>BOERIO, THOMAS</b>
STREET ADDRESS	<b>2375 TAMiami TR NO #296</b>	4.3 STREET ADDRESS	<b>4099 TAMiami TR N.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	<b>NAPLES, FL 34103-3599</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCALLUM, SARA</b>	5.2 NAME	<b>QUINBY, PEARL</b>
STREET ADDRESS	<b>6191 22ND AVE.</b>	5.3 STREET ADDRESS	<b>152 EDGEWATER WAY SO.</b>
CITY-ST-ZIP	<b>NAPLES FL 33999</b>	5.4 CITY-ST-ZIP	<b>NAPLES, FL. 34105-7107</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/10/97** (and) **5/10/97**

CR2E037 (9/96)