

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**415 COLORADO AVE
IMMOKALEE FL 34142-4034
US**

Mailing Address

**ADMINISTRATION OFFICE
852 FIRST AVE SOUTH SUITE 211
NAPLES FL 34102-6127
US**

2. Principal Place of Business

21 415 COLORADO AVE

Suite, Apt. #, etc.

22

City & State

23 IMMOKALEE, FL

Zip Country

24 34142-4034 25 U.S.A.

2a. Mailing Address

26 852 1st AVE. SOUTH

Suite, Apt. #, etc.

27 SUITE 211

City & State

28 NAPLES, FL

Zip Country

29 34102-6127 30 U.S.A.

3. Date Incorporated or Qualified

04/19/1968

4. FEI Number

59-1209842

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

**JORDAN, JAMES J
871 REEF POINT CIRCLE
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **PD JORDAN, JAMES J**

STREET ADDRESS **871 REEF POINT CIRCLE**

CITY-ST-ZIP **NAPLES FL**

1.2 TITLE ☐ DELETE

NAME **VD DAVID, ROBERT**

STREET ADDRESS **2725 SAILORS WAY**

CITY-ST-ZIP **NAPLES FL**

1.3 TITLE ☐ DELETE

NAME **VD LAGER, VIMAN**

STREET ADDRESS **257 COLONADE CIRCLE**

CITY-ST-ZIP **NAPLES FL**

1.4 TITLE ☐ DELETE

NAME **TD BOERIO, THOMAS**

STREET ADDRESS **4099 TAMAM TR N**

CITY-ST-ZIP **NAPLES FL**

1.5 TITLE ☐ DELETE

NAME **SD QUINBY, PEARL**

STREET ADDRESS **152 EDMERE WAY SO**

CITY-ST-ZIP **NAPLES FL**

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address.

SIGNATURE:

JAMES J. JORDAN

PRESIDENT

3/22/98 (941) 261-1774

CR2E037 (10/97)