

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

**DOCUMENT # 714475** 

1. Corporation Name

IMMOKALEE CHILD CARE CENTER, INC.

Principal Place of Business
415 COLORADO AVE
IMMOKALEE FL 34142-4034
IIC SIL

Mailing Address

**ADMINISTRATION OFFICE** 852 FIRST AVE S STE 211 NAPLES FL 34102-6127

## **FILED** Mar 31, 1999 8:00 am § Secretary of State

03-31-1999 90056 033 \*\*\*\*61.25

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2. Principal P	lace of Business	2a. Mailing Address	failing Address		3. Date Incorporated or Qualifed04/19/1968				
Suite Apt.					4. FEI Number	App	lied For		
22	27				59-1209842	- <del></del>	Applicable		
City & State City & State					5. Certifcate of Status Desired	\$8.75 A	dditional		
23 28				5. Certificate of Status Desired Fee Required					
Zip	Country	Zip	_ Country		6. Election Campaign Financing	\$5.00 1	, ,		
24	25	29 30			Trust Fund Contribution	Added to	Fees		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
•					81 Name				
JORDAN, JAMES J				82 Street Address (P.O. Box Number is Not Acceptable)					
871 REEF POINT CIRCLE									
NAPLES F	·		83						
TOTAL ELOT	187.75 x X		84	City	2.1 12	85 Zip C	ode -		
	200 A REPORT THE BOT		64	City	FL	.   03   2.00			
11. Pursuant		and 617.1508, Florida Statutes	, the above	e-named o	corporation submits this statement for the purpose of	changing its r	egistered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	horized by	the corpo	pration's board of directors. I hereby accept the appoin	ntment as reg	istered		
SIGNATURE					DATE				
12.	Signature, typed or printed name of registered agent		13.	it signature re	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12		
		DELETE	1.1 TITLE	1	PD	K Change	Addition		
TITLE	PD IAMES I		1.2 NAME	Ī	DAVID, ROBERT J		_		
NAME	JORDAN, JAMES J						)		
STREET ADORESS	OF FREE FORT SHOEL			ADDRESS	2725 SAILORS WAY				
CITY-ST-ZIP	NAPLES FL	D DELETE	1.4 CITY-S	T-ZiP	NAPLES, FL 34109-7633	[v] Change	Addition		
TITLE	<b>4</b> D		2.1 TITLE		VD	A onungo			
NAME	DAVID, NOBELLI		2.2 NAME	- 1	LAGER, VIVIAN				
- STREET ADDRESS	El 20 Orazono IIIII		2.3 STREET	「ADDRESS [	6806 SAND POINTE CIRCLE -	<b></b> .	1		
CITY-ST-ZIP			2. 4 CITY-S	ST-ZiP	NAPLES, FL 34108~8510	[₹] Change	Addition		
TITLE	VD □ DELETE 3.11		3.1 TITLE		NONE	Monaria	L Xuoiton		
NAME	LAGER, VIVIAN		3.2 NAME		*******				
STREET ADDRESS	257 COLONADE CIRCLE		3.3 STREE	TADDRESS			ļ		
CITY-ST-ZIP	NAPLES FL		3.4. CITY-S	T-ZIP		<del></del>	- A 3 2 2 2 1		
TITLE	TD DELETE 4.1		4.1 TITLE		TD TAMES I	Change	Addition		
NAME	BOERIO, THOMAS	•	4. 2 NAME	-	JORDAN, JAMES J				
STREET ADDRESS	4099 TAMIAMI TR N		4.3 STREE	TADORESS	871 REEF POINT CIRCLE		i		
CITY-ST-ZIP	NAPLES FL	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-S	T-ZIP	NAPLES, FL 34108-8769				
TITLE	SD	☐ DELETE	5.1 TITLE	)		[X] Change	☐ Addition		
NAME	QUINBY, PEARL		5.2 NAME						
STREET ADDRESS	152 EDGEMERE WAY SO		5.3 STREE	TADDRESS	408 EDGEMERE WAY E				
CITY-ST-ZIP	NAPLES FL 54C		5.4 CITY-\$	T-ZIP	NAPLES, FL 34105-7175				
TITLE 9 . " F " &	- 18°	☐ DELETE	6.1 TITLE	ļ		☐ Change	Addition		
NAME	THE PARTY E		6.2 NAME						
STREET ADDRESS	es limit "		6.3 STREE	TADDRESS					
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					
					C. O. W 440 07(0)() Classic District I further as	Hif. that the in			

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 of 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 of 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

2.16-99