

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90013 007 \*\*\*\*61.25

**DOCUMENT # 714475**

1. Entity Name

IMMOKALEE CHILD CARE CENTER, INC.



Principal Place of Business

415 COLORADO AVE  
IMMOKALEE FL 34142-4034  
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1209842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, JAMES J  
871 REEF POINT CIRCLE  
NAPLES FL 34108

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CONLEY, GARY	
STREET ADDRESS	65 EMERALD WOODS DRIVE	
CITY-ST-ZIP	NAPLES FL 34108-0505	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	QUINBY, PEARL	
STREET ADDRESS	13102 BALD CYPRESS LANE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JORDAN, JAMES J	
STREET ADDRESS	871 REEF POINT CIRCLE	
CITY-ST-ZIP	NAPLES FL 34108-8769	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCULLY, JOLLEN	
STREET ADDRESS	1568 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	ZVP	<input checked="" type="checkbox"/> Delete
NAME	DESDOUSIS, MARY	
STREET ADDRESS	309 NEAPOLITAN WAY	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pearl Quinby	
STREET ADDRESS	13102 Bald Cypress Lane	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Kay Dedousis	
STREET ADDRESS	309 Neapolitan Way	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLEN Scully	
STREET ADDRESS	1568 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Shipman	
STREET ADDRESS	6612 George Washington Way	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James J Jordan* JAMES J JORDAN 1/21/04 239-261-1774