## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2006 8:00 am **Secretary of State DOCUMENT # 714475** 1. Entity Name 02-27-2006 90060 002 \*\*\*\*61.25 IMMOKALEE CHILD CARE CENTER, INC. Principal Place of Business Mailing Address 415 COLORADO AVE 852 FIRST AVE SOUTH IMMOKALEE FL 34142-4034 STE 208 NAPLES FL 34102-6127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1209842 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORDAN, JAMES J Street Address (P.O. Box Number is Not Acceptable) 871 REEF POINT CIRCLE NAPLES FL 34108 City 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. (NOTE: Registered Agent signature regarded when revisitating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State % Added to Fees **然**和其他的 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **⊠** Deleie TITLE Change □ Addition CONLEY, GARY NAME NAME 1850 TARPON BAY DR S STREET ADDRESS STREET ADDRESS NAPLES FL 34119-8713 CITY-SI-ZIP CITY-ST-ZIP President TITLE Change ☐ Delete TITLE ☐ Addition Agin, David AGIN, DAVID NAME 5391 Hickory Wood Dr. STREET ADDRESS 5391 HICKORYWOOD DR STREET ADDRESS NAPLES FL 34119-1404 34119-1404 CITY. CT. ZIP CHY-ST-ZIP HILL TO ☐ Delete TITLE ☐ Change ■ Addition JORDAN, JAMES J NAME NAME STREET ADDRESS 871 REEF POINT CIRCLE STREET ADDRESS CITY-ST-7IP NAPLES FL 34108-8769 CITY - ST - ZIP TITLE VP ☐ Delete ☐ Change ☐ Addition NAME VINING, BEVERLY NAME STREET ADDRESS 4115 CUTLASS LANE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102-7940 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition SANDBERG, ROBERTA NAME 2250 QUEENS WAY STREET ADDRESS STREET ADDRESS NAPLES FL 34112-5424 CITY-SI-7IP CITY-ST-ZIP Vice President ☐ Delete TITLE TITLE X Addition Change NAME NAME White, Charles 6021 Ashford Lane STREET ADORESS STREET ADDRESS Naples, FL 34110-2397 ·CITY-S1-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. 2/8/06 239-591-1683 SIGNATURE: