


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90014 028 ****61.25

DOCUMENT # 714475
1. Entity Name
IMMOKALEE CHILD CARE CENTER, INC.



Principal Place of Business Mailing Address
415 COLORADO AVE **852 FIRST AVE SOUTH**
IMMOKALEE FL 34142-4034 **STE 208**
US **NAPLES FL 34102-6127**
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3775 Airport Pulling Rd. N.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit - B

City & State City & State
Naples, Florida

Zip Country Zip Country
34105 **USA**

1st MOORE CR2E037 (10/07)
 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
JORDAN, JAMES J
871 REEF POINT CIRCLE
NAPLES FL 34108

7. Name and Address of New Registered Agent
 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 re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	QUINBY, PEARL	
STREET ADDRESS	13102 BALD CYPRESS LANE	
CITY-ST-ZIP	NAPLES FL 34119-1404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JORDAN, JAMES J	
STREET ADDRESS	871 REEF POINT CIRCLE	
CITY-ST-ZIP	NAPLES FL 34108-8769	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VINING, BEVERLY	
STREET ADDRESS	4115 CUTLASS LANE	
CITY-ST-ZIP	NAPLES FL 34102-7940	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANDBERG, ROBERTA	
STREET ADDRESS	2250 QUEENS WAY	
CITY-ST-ZIP	NAPLES FL 34112-5424	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBINSON, WILLIAN	
STREET ADDRESS	788 PARK SHORE DR #F-21	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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.

SIGNATURE: *James J Jordan*