FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:08

DOCUMENT # 736238 (7)

1. Corporation Name

IMMOKALEE NEIGHBORHOOD SERVICES, INC.

Principal Place of Business	Mailing Address
201 NORTH 1ST. STREET PO BOX 5015 IMMOKALEE FL 33934	201 NORTH 1ST. STREET PO BOX 5015 IMMOKALEE FL 33934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1976
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-1711633 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HERSHEY, BENJAMIN D.
701 GLADES ST.
IMMOKALEE FL 33934

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MARIAN N.	1.2 NAME	
STREET ADDRESS	320 N. BARFIELD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	HERSHEY, BEN	2.2 NAME	
STREET ADDRESS	701 GLADES ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE, FL 0	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	VP ☑ Change ☑ Addition
NAME	PRATT, CARROLL	3.2 NAME	Gilberto Perez
STREET ADDRESS	1404 SANTA ROSA AVE.	3.3 STREET ADDRESS	320 N 20th Court
CITY-ST-ZIP	IMMOKALEE, FL 00000	3.4 CITY-ST-ZIP	Immokalee FL 33934
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ENID	4.2 NAME	
STREET ADDRESS	615 NASSAU ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	~~D~~	5.1 TITLE	☐ Change ☐ Addition
NAME	~~GAMEZ, MARIA~~	5.2 NAME	
STREET ADDRESS	~~4000 LAKE TRAFFORD FARM RD., LOT 20-I~~	5.3 STREET ADDRESS	← Delete
CITY-ST-ZIP	~~IMMOKALEE, FL 00000~~	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSBOUGH, IRMA	6.2 NAME	
STREET ADDRESS	LAKE TRAFFORD RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: Benjamin D Hershey 3-21-95 813-657-2646
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
Benjamin D Hershey

0060348

Immokalee Neighborhood Services
P.O. Box 5015
Immokalee, Florida 33934
Tel: 813-657-4377

Officers and Board Members 1994-1995

Enid Smith, Pres. 615 Nassau Street	Episcopal	657-2244
Rev. Gilberto Perez, Vice-Pres. 658-2408 320 N. 20th. Ct.	Mennonite	
Ben Hershey, Treas. 701 Glades Street	Mennonite	657-2646
Marian Miller Sec 231 S. Collier Blvd. #102	United Church of Christ Marco Island	642-9113
Carroll Pratt 1404 Santa Rosa Ave.	Pentecostal	657-2486
Zola Pratt 1404 Santa Rosa Ave.	Pentecostal	657-2486
Henry Grant 1602 Palm Ave.	Episcopal/Methodist	657-2019
Laverne Grant 1602 Palm Ave.	Episcopal/Methodist	657-2019
Don Rooken-Smith 3883 Lamm Road.		657-4476
Irma Rosbough P.O. Box 913	Methodist	657-2310
Rev. Esther Robinson 709 N 11th. Street	Methodist	657-2250
Robert and Mary Ellen Sorenson 236 Angler Ct.	United Church of Christ Marco Island	394-7852
Elizabeth Perez.INS Manager 320 N. 20th Ct.	Mennonite	658-2408