**FILE NOW: FILING FEE IS $61.25**

FILED
Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **736238** **(7)**

1. Corporation Name

**IMMOKALEE NEIGHBORHOOD SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 201 NORTH 1ST. STREET<br>PO BOX 5015<br>IMMOKALEE FL 33934 | 201 NORTH 1ST. STREET<br>PO BOX 5015<br>IMMOKALEE FL 34143-5001 |

3. Date Incorporated or Qualified: 06/28/1976
3a. Date of Last Report: 08/08/1996

2. Principal Place of Business
21
Suite, Apt #, etc. 22: BOX 5393
City & State 23:
Zip 24: 34143 Country 25:

2a. Mailing Address
26
Suite, Apt. #, etc. 27: PO BOX 5393
City & State 28:
Zip 29: 34143 Country 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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 | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BEZARES, RAY | | 1.2 NAME | | |
| STREET ADDRESS | 1209 GREENWOOD AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | | 1.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | Director | ☐ Change ☒ Addition |
| NAME | MANN, HARRY | | 2.2 NAME | Laverne Grant | |
| STREET ADDRESS | 709 N. 11TH ST | | 2.3 STREET ADDRESS | 9006 Lighthouse Lane | |
| CITY-ST-ZIP | IMMOKALEE FL 34142 | | 2.4 CITY-ST-ZIP | LaBelle FL 33935 | |
| TITLE | T | ☒ DELETE | 3.1 TITLE | Director | ☐ Change ☒ Addition |
| NAME | MC LEAN, BILL | | 3.2 NAME | Dan Simenge | |
| STREET ADDRESS | 1380 15TH ST N | | 3.3 STREET ADDRESS | 615 N 9th St | |
| CITY-ST-ZIP | IMMOKALEE FL 34143 | | 3.4 CITY-ST-ZIP | Immokalee FL 34142 | |
| TITLE | PD | ☒ DELETE | 4.1 TITLE | Vice President | ☐ Change ☒ Addition |
| NAME | SMITH, ENID | | 4.2 NAME | Barbara Ranck | |
| STREET ADDRESS | 615 NASSAU ST. | | 4.3 STREET ADDRESS | 690 Myrtle Rd | |
| CITY-ST-ZIP | IMMOKALEE, FL 00000 | | 4.4 CITY-ST-ZIP | Naples FL 34108 | |
| TITLE | S | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROSBOUGH, IRMA | | 5.2 NAME | | |
| STREET ADDRESS | 1703 LAKE TRAFFORD RD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | IMMOKALEE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PRATT, CARROL | | 6.2 NAME | | |
| STREET ADDRESS | 1404 SANTA ROSA AVENUE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | IMMOKALEE FL 33934 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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 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 Benjamin D Hershey 4-20-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

941-657-2646 Daytime Phone # 0060526