FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 736238	(7)						
IMMOKALEE NEIGHBORHOOD SER							
Principal Place of Business Malling Address			- I AND HE I HARD TIMEN ON HE THERE WAS A COURT OF STATE OF THE OFFICE OF THE STATE				
201 NORTH 1ST. STREET P.O. BOX 5393 RAMOKALEE FL 34143 US 201 NORTH 1ST. STREET P.O. BOX 5393 RAMOKALEE FL 34143 US				3. Date Incorporated or Qualified 06/28/1976			
				4. FEI Number 59-1711633	Applied For Not Applicable		
2. Principal Place of Business 21 222 North 3 5treet	26 P.O. Box 53	73			\$8.75 Additional Fee Regulred		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23 In mokalee, FL	City & State 28 Immokalee, FL			7. Is this nonprofit corporation a homeowners association?			
Zip Country 24 34142 25 Collies	Zip , Co	untry	llier	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intangible Yes 🔣 No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		81	Name	SAME	*		
HERSHEY, BENJAMIN D. 701 GLADES ST.			Street Addre	dress (P.O. Box Number is Not Acceptable) SAM∈			
MMOKALEE FL MAN 34/42		83					
			City	JAME FL	85 Zip Code -34/42		
Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	and 617.1508, Florida Statutes, the a Florida. Such change was authorize ons of, Section 617.0503, Florida Sta	above ad by atutes	e-named corp the corporati s.	oration submits this statement for the purpose of choin's board of directors. I hereby accept the appoin	nanging its registered atment as registered		

agent I am termine with and decept the congestion of account of the control of th												
SIGNATURE Signature, typed or printed name of registered agent and iffer if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	S IN 12						
TITLE	P	DELETE	1.1 TITLE	PO	Change Change	Addition						
NAME	BEZARES, RAY		1.2 NAME	Stephen H. Bellman								
STREET ADDRESS	1209 GREENWOOD AVE		1.3 STREET ADDRESS	Stephen H. Bellman 550 North 1943 Street #	60							
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-ST-ZIP	Immokalee, FL 34142								
TITLE	T	DELETE	2.1 TITLE	VPD	Change	☐ Addition						
NAME	MANN, HARRY		2.2 NAME	Gabriel Tyler								
STREET ADDRESS	709 N. 11TH ST		2.3 STREET ADDRESS	605 Breezewood Drive	•							
CATY-ST-ZIP	IMMOKALEE FL 34142		2. 4 CITY - ST - ZIP	Gabriel Tyler Gas Breezewood Drive Immokalee, FL 34148	<u> </u>							
TITLE	D	DELETE	3.1 TITLE	SD	Change	Addition						
NAME	SMEERGE, DAN		3.2 NAME	Richard anderson 201 North 6th Street								
STREET ADDRESS	615 N. 9TH ST		3.3 STREET ADDRESS	201 North 6th Street								
CITY-ST-ZIP	IMMOKALEE FL		3.4. CITY-ST-ZIP	Immokalee, FL 34142								
TITLE	D	DELETE	4.1 TITLE	TD	Change	Addition						
NAME	GRANT, LAVERNE		4. 2 NAME	Benjamin D. Hersey 701 Glades Street Immokaler, FL 3411								
STREET ADDRESS	2008 LIGHTHOUSE LANE		4.3 STREET ADDRESS	701 Glades Street	. /							
CITY-ST-ZIP	LABELLE FL		4.4 CITY-ST-ZIP	Immokalee, FL 341	13							
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-2IP									
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	dis Continue (10.07/2)/// Florida Obstate A further								

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

GNATURE:

GNATURE:

GNATURE:

FILED

May 01 1998 8:00am

Secretary of State