

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737188 (3)

1. Corporation Name

IMMOKALEE SERVICE PROGRAMS, INC.



Principal Place of Business

555 GARDEN RD.
PO BOX 2400
LA BELLE FL 33935-2400
US

Mailing Address

555 GARDEN RD
PO BOX 2400
LA BELLE FL 33935-2400
US

3. Date Incorporated or Qualified
11/01/1976

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1741198

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

10. Name and Address of New Registered Agent

SIEMIANOWSKI, TOM
982 HONEYBEE DR.
NAPLES FL 33999

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DOWNING, KEN
STREET ADDRESS 350 HICKPOOCHEE
CITY-ST-ZIP LABELLE FL ☐ DELETE

1.1 TITLE D
1.2 NAME MARY WILLIAMS
1.3 STREET ADDRESS 604 S. 5th Street
1.4 CITY-ST-ZIP IMMOKALEE, FL 33984 ☐ Change ☒ Addition

TITLE VD
NAME PLUMMER, WESALINE
STREET ADDRESS 1001 N. 15TH ST.
CITY-ST-ZIP IMMOKALEE FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ABRIL, JIM
STREET ADDRESS ROUTE 1 BOX 1873 N/A
CITY-ST-ZIP LABELLE FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME FLOYD, LOUISE
STREET ADDRESS 70 LIVE OAK LANE
CITY-ST-ZIP LABELLE FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SIEMIANOWSKI, TOM
STREET ADDRESS 982 HONEYBEE DR.
CITY-ST-ZIP NAPLES FL ☒ DELETE **KEEP**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RICHARDSON, MAXIE
STREET ADDRESS 4004 N. EDGEWATER CIR.
CITY-ST-ZIP LABELLE FL ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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, unchanged, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 941675-2672

Date

Daytime Phone #

CR2E037 (12/95)