

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 33935-4431  
US

3. Date Incorporated or Qualified  
**11/01/1976**

3a. Date of Last Report  
**01/31/1996**

2. Principal Place of Business

21 **555 COWBOY WAY**

Suite, Apt. #, etc.

22 **P.O. BOX 2400**

City & State

23 **LABELLE, FL**

Zip

24 **33975-2400**

Country

25 **HENDRY**

2a. Mailing Address

26 **555 COWBOY WAY**

Suite, Apt. #, etc.

27 **P.O. BOX 2400**

City & State

28 **LABELLE, FL**

Zip

29 **33975-2400**

Country

30 **HENDRY**

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

**SIEMIANOWSKI, TOM  
982 HONEYBEE DR.  
NAPLES FL 33999**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
DOWNING, KEN**  
STREET ADDRESS **350 HICKPOOCHEE**  
CITY-ST-ZIP **LABELLE FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D  
WILLIAMS, MARY**  
STREET ADDRESS **604 S. 5TH STREET**  
CITY-ST-ZIP **IMMOKALEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Louise R. Floyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/97

941/675-1446

Date

Daytime Phone # 0057272

CR2E037 (9/96)