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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737188

1. Corporation Name

IMMOKALEE SERVICE PROGRAMS, INC.

Principal Place of Business

555 COWBOY WAY
P.O. BOX 2400
LA BELLE FL 33975-2400
US

Mailing Address

555 COWBOY WAY
P.O. BOX 2400
LA BELLE FL 33975-2400
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/01/1976

4. FEI Number

59-1741198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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 PD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE P ☐ DELETE

NAME WINIFRED M. HOLLAND
STREET ADDRESS 425 DAVIS STREET
CITY-ST-ZIP LABELLE FL 33935

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TREASURER** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **SECRETARY** ☒ 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 **VICE PRESIDENT** ☒ 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 **PRESIDENT** ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Winifred M. Holland

1-25-99 941/674-4056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)