2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002814

1. Entity Name
IMMOKALEE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
C/O H.B. STARLING, JR. 720 N. 15TH STREET IMMOKALEE, FL 34142	C/O H.B. STARLING, JR. 720 N. 15TH STREET IMMOKALEE, FL 34142

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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3662616
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STARLING, H.B. JR
720 N 15TH STREET
IMMOKALEE, FL 34142

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000122393
04/21/04-80027-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRICE, STEPHEN L
STREET ADDRESS	1400 N. 15TH STREET
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	D
NAME	TAYLOR, MICHAEL
STREET ADDRESS	HAY 29 P.O BOX 1115
CITY-ST-ZIP	IMMOKOLEE, FL 34143
TITLE	T
NAME	COLEMAN, ROBERT V M JR
STREET ADDRESS	1400 N. 15TH STREET
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	S
NAME	GOODNIGHT, ANNE
STREET ADDRESS	PO BOX 5396
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	D
NAME	STARLING, H.B. JR
STREET ADDRESS	720 N. 15TH
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	D
NAME	BILLIE, CAROLYN
STREET ADDRESS	6300 STERLING ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33024

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert V M Coleman Treasurer 4/17/04 239-657-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #