


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90456 001 \*\*\*\*61.25

<b>DOCUMENT # N00000002814</b> 1. Entity Name <b>IMMOKALEE COMMUNITY DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>C/O H.B. STARLING, JR. 720 N. 15TH STREET IMMOKALEE, FL 34142</b>		Mailing Address <b>C/O H.B. STARLING, JR. 720 N. 15TH STREET IMMOKALEE, FL 34142</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 5278</b> Suite, Apt. #, etc.	
City & State <b>Immokalee, FL</b>		4. FEI Number <b>59-3662616</b>	
Zip <b>34143-5278</b>		Country <b>FL</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STARLING, H.B. JR 720 N 15TH STREET IMMOKALEE, FL 34142</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>PRICE, STEPHEN L</b> <b>1400 N. 15TH STREET</b> <b>IMMOKALEE, FL 34142</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>TAYLOR, MICHAEL</b> <b>HAY 29 P.O BOX 1115</b> <b>IMMOKALEE, FL 34143</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>COLEMAN, ROBERT V M JR</b> <b>1400 N. 15TH STREET</b> <b>IMMOKALEE, FL 34142</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>GOODNIGHT, ANNE</b> <b>PO BOX 5396</b> <b>IMMOKALEE, FL 34143</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>STARLING, H.B. JR</b> <b>720 N. 15TH</b> <b>IMMOKALEE, FL 34142</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BILLIE, CAROLYN</b> <b>6300 STERLING ROAD</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <i>Robert M Coleman</i>		4/20/06 239-657-3649	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**50015500**



03172006 Chg-NP CR2E037 (11/05)