
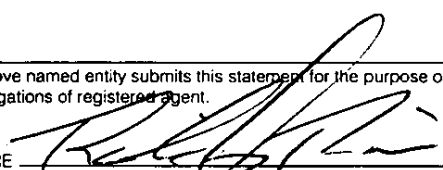



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90043 040 ****61.25

DOCUMENT # N00000002814 1. Entity Name IMMOKALEE COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business C/O H.B. STARLING, JR. 720 N. 15TH STREET IMMOKALEE, FL 34142			Mailing Address P.O. BOX 5278 IMMOKALEE, FL 34143-5278		
2. Principal Place of Business - No P.O. Box # 310 ALACHUA ST		3. Mailing Address Suite, Apt. #, etc.			
City & State IMMOKALEE, FL		City & State		4. FEI Number 59-3662616	
Zip 34142		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARLING, H.B. JR 720 N 15TH STREET IMMOKALEE, FL 34142			7. Name and Address of New Registered Agent Name RICHARD RICE Street Address (P.O. Box Number is Not Acceptable) 310 ALACHUA ST City IMMOKALEE FL Zip Code 34142		
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.</small>			DATE 4/11/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, STEPHEN L 1400 N. 15TH STREET IMMOKALEE, FL 34142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MICHAEL HAY 29 P.O BOX 1115 IMMOKALEE, FL 34143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, ROBERT V M JR 1400 N. 15TH STREET IMMOKALEE, FL 34142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODNIGHT, ANNE PO BOX 5396 IMMOKALEE, FL 34143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARLING, H.B. JR 720 N. 15TH IMMOKALEE, FL 34142	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLIE, CAROLYN 6300 STERLING ROAD HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRED THOMAS 1205 ORCHID LANE IMMOKALEE, FL 34142				
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.					
SIGNATURE:  RICHARD RICE 4/11/07 (239) 657-3237 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					