

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002814	
1. Entity Name IMMOKALEE COMMUNITY DEVELOPMENT CORPORATION	

Principal Place of Business 310 ALACHUA ST IMMOKALEE FL 34142	Mailing Address P.O. BOX 5278 IMMOKALEE FL 34143-5278
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)	
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 RICE, RICHARD 310 ALACHUA ST IMMOKALEE FL 34142	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	0000000811543 ☐ Change ☐ Addition 02/12/08-80012-006 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TAYLOR, MICHAEL HAY 29 P.O BOX 1115 IMMOKALEE FL 34143 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T COLEMAN, ROBERT V M JR 1400 N. 15TH STREET IMMOKALEE FL 34142 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S GOODNIGHT, ANNE PO BOX 5396 IMMOKALEE FL 34143 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP THOMAS, FRED 1205 ORCHID LANE IMMOKALEE FL 34142 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BILLIE, CAROLYN 6300 STERLING ROAD HOLLYWOOD FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	1/30/08	739 657-3221
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