

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002814

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** IMMOKALEE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

310 ALACHUA ST  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5278  
IMMOKALEE, FL 341435278

**New Mailing Address:**

**FEI Number:** 59-3662616      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RICE, RICHARD  
310 ALACHUA ST  
IMMOKALEE, FL 34142      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PRICE, STEPHEN L  
Address: 1400 N. 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: D      ( ) Delete  
Name: TAYLOR, MICHAEL  
Address: HAY 29 P.O BOX 1115  
City-St-Zip: IMMOKOLEE, FL 34143

Title: T      ( ) Delete  
Name: COLEMAN, ROBERT V M JR  
Address: 1400 N. 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: S      ( ) Delete  
Name: GOODNIGHT, ANNE  
Address: PO BOX 5396  
City-St-Zip: IMMOKALEE, FL 34143

Title: VP      ( ) Delete  
Name: THOMAS, FRED  
Address: 1205 ORCHID LANE  
City-St-Zip: IMMOKALEE, FL 34142

Title: D      ( ) Delete  
Name: BILLIE, CAROLYN  
Address: 6300 STERLING ROAD  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M COLEMAN JR CPA

TREA

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date