

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90234 002 ****70.00

DOCUMENT # N00000007785

1. Entity Name
JUBILATION DEVELOPMENT CORPORATION



Principal Place of Business
**1312 WEST NEW MARKET ROAD NO 1
IMMOKALEE, FL 34142**

Mailing Address
**1312 WEST NEW MARKET ROAD NO 1
IMMOKALEE, FL 34142**

2. Principal Place of Business
1170 HARVEST DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1170 HARVEST DRIVE
Suite, Apt. #, etc.



01132004 Chg-NP CR2E037 (10/03)

City & State
IMMOKALEE, FL
Zip **34142** Country **USA**

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IMMOKALEE, FL
Zip **34142** Country **USA**

4. FEI Number
65-1073157
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**NOGAJ, RICHARD J
1312 WEST NEW MARKET ROAD NO 1
IMMOKALEE, FL 34142**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1170 HARVEST DRIVE
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 *Richard N. Noga* **4/26/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOGAJ, RICHARD J 1312 W NEW MARKET RD IMMOKALEE, FL 34142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NOGAJ, FLORENCE A 1312 W NEW MARKET RD IMMOKALEE, FL 34142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA ROSA, ELIZABETH 1312 W NEW MARKET RD IMMOKALEE, FL 34142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RENE G. HERNANDEZ 1170 HARVEST DRIVE IMMOKALEE, FL 34142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLES DI GIOVANNI, CPA 11220 S. HARLEM AVE. WORTH, IL 60482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALAN HOLLENBECK RJN GROUP, INC. 200 W. FRONT ST., WHEATON, IL 60187 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1170 HARVEST DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1170 HARVEST DRIVE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Florence A. Noga* **FLORENCE A. NOGAJ** **04-26-04** **239-657-4888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #