

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N00000007785

1. Entity Name
JUBILATION DEVELOPMENT CORPORATION



Principal Place of Business
**1170 HARVEST DRIVE
IMMOKALEE, FL 34142**

Mailing Address
**1170 HARVEST DRIVE
IMMOKALEE, FL 34142**



03062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1073157	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOGAJ, RICHARD J
1170 HARVEST DRIVE
IMMOKALEE, FL 34142**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**U000000661724
03/20/07-80052-006 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOGAJ, RICHARD J 1170 HARVEST DRIVE IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NOGAJ, FLORENCE A 1170 HARVEST DRIVE IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGIOVANNI, CHARLES CPA 11220 S. HARLEM AVENUE WORTH, IL 60482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLENBECK, ALAN J 200 W. FRONT STREET WHEATON, IL 60187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Florence A. Nogaj, Treasurer **FLORENCE A. NOGAJ** **03/06/07 239-503-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **5040**