2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N02000005357

Entity Name: IMMOKALEE LIFE & FAMILY CENTER, INC.

Current Principal Place of Business:

908 ROBERTS AVE.
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1590
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 52-2366320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLMAN, JEANNETTE H
550 NORTH 19TH STREET #60
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: D ( ) Delete
Name: HEERS, RICK
Address: 507 NORTH 18TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: V ( ) Delete
Name: WOOD, WAYNE
Address: 985 SNAKE RD.
City-St-Zip: NAPLES, FL 34117

Title: S ( ) Delete
Name: FLINT, CANDIS D
Address: 615 NASSAU ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: T ( ) Delete
Name: MURPHY, TOM
Address: 4875 CATALINA DR.
City-St-Zip: NAPLES, FL 34112

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: T (X) Change ( ) Addition
Name: MURPHY, TOM
Address: 8687 IBIS COVE CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: C ( ) Change (X) Addition
Name: MURPHY, SHARON
Address: 8687 IBIS COVE CIRCLE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEANNETTE H. BELLMAN D 04/28/2005

Electronic Signature of Signing Officer or Director — Date