

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90825 029 ****70.00

DOCUMENT # N02000005357

1. Entity Name
IMMOKALEE LIFE & FAMILY CENTER, INC.



Principal Place of Business
PO BOX 1590
IMMOKALEE FL 34143

Mailing Address
PO BOX 1590
IMMOKALEE FL 34143

35045027

2. Principal Place of Business
550 NORTH 19 ST.
Suite, Apt. #, etc.
#60

3. Mailing Address
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
IMMOKALEE, FL
Zip
34142 Country
USA

City & State
Zip
Country

4. FEI Number
52-2366320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BELLMAN, JEANNETTE H
550 NORTH 19TH STREET
IMMOKALEE FL 34142

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
550 NORTH 19TH STREET #60
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEERS, RICK 507 NORTH 18TH STREET IMMOKALEE FL 34142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLMAN, JEANNETTE H 550 NORTH 19TH STREET IMMOKALEE FL 34142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLDING, WADE M 718 NORTH 15TH STREET IMMOKALEE FL 34142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **SIGNATURE REQUIRED** *Jeannette H. Bellman* (239) *290-5433*

CR2E037 (10/02)