2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# N06000010971

Entity Name: IMMOKALEE HELPING OUR PEOPLE IN EMERGENCIES, INC.

Current Principal Place of Business:

310 ALACHUA
IMMOKALEE, FL 34142

New Principal Place of Business:

708 NO. 11TH STREET
IMMOKALEE, FL 34142

Current Mailing Address:

310 ALACHUA
IMMOKALEE, FL 34142

New Mailing Address:

P.O. BOX 777
IMMOKALEE, FL 34143

FEI Number: 20-4927800 **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:

NAPLES LAWDOCK, INC.
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109 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, RICHARD L
Address: 507 N 18TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete
Name: FREES, NANCY
Address: 611 WEBER BOULEVARD S
City-St-Zip: NAPLES, FL 34117

Title: D ( ) Delete
Name: SELLE, ROBERT
Address: 25999 OLD 41 ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: GOODNIGHT, PATRICIA A
Address: 803 TIPPINS TERRACE
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete
Name: RICE, RICHARD L
Address: 1167 SERENITY WAY
City-St-Zip: IMMOKALEE, FL 34142

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:

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: RICHARD L. HEERS MR. 05/09/2007

Electronic Signature of Signing Officer or Director — Date