

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010971

FILED
Jan 24, 2012
Secretary of State

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

Current Principal Place of Business:

1411 LAKE TRAFFORD ROAD
IMMOKALEE, FL 34142

New Principal Place of Business:

2050 COMMERCE AVENUE
IMMOKALEE, FL 34142 US

Current Mailing Address:

P.O. BOX 777
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 20-5740062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI WOOD, PL
4001 TAMIAMI TRAIL NORTH, SUITE 330
NAPLES, FL 34103 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
Name: HEERS, RICHARD L
Address: 507 N 18TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: HAMILTON, JULIE
Address: P.O. BOX 777
City-St-Zip: IMMOKALEE, FL 34143 US

Title: D
Name: NORVELL, DENNIS
Address: 1411 LAKE TRAFFORD
City-St-Zip: IMMOKALEE, FL 34142 US

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

Title: D
Name: STREET, THOM
Address: P.O. BOX 777
City-St-Zip: IMMOKALEE, FL 34143

Title: D
Name: HERNANDEZ, OLGA
Address: P.O. BOX 777
City-St-Zip: IMMOKALEE, FL 34143

I hereby 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 all other like empowered.

SIGNATURE: RICHARD L. HEERS

E.D.

01/24/2012

Electronic Signature of Signing Officer or Director

Date