

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001552

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: IMMOKALEE PREGNANCY CENTER, INC.

## Current Principal Place of Business:

106 S 2ND ST  
IMMOKALEE, FL 34142

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 307  
IMMOKALEE, FL 34143

## New Mailing Address:

FEI Number: 33-1205697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANSON, DIANE M  
106 S 2ND STREET  
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: HANSON, DIANE M  
Address: 4658 CATALINA LN  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: HANSON, DAVID G JR.  
Address: 4658 CATALINA LN  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: WILLIG, SARAH  
Address: 3540 SACRAMENTO WAY  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: DECARO, ROSE  
Address: 5225 MILANO ST  
City-St-Zip: AVE MARIA, FL 34142

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: D (X) Change ( ) Addition  
Name: WILLIG, SARAH  
Address: 102 LEAWOOD CIR.  
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition  
Name: TRABBIC (DECARO), ROSE  
Address: 10285 HERITAGE BAY BLVD. #836  
City-St-Zip: NAPLES, FL 34120

Title: DR. ( ) Change (X) Addition  
Name: VILLAROSA, MELANIO  
Address: 291 LAMBTON LN.  
City-St-Zip: NAPLES, FL 34104

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: DIANE M. HANSON

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date