2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# N08000001552

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
Name: HANSON, DIANE M
Address: 4658 CATALINA LN
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: D
Name: WILLIG, SARAH
Address: 102 LEAWOOD CIR.
City-St-Zip: NAPLES, FL 34104

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

Title: DR.
Name: VILLAROSA, MELANIO
Address: 291 LAMBTON LN.
City-St-Zip: NAPLES, FL 34104

Title: MR.
Name: WILLIAMS, SINCLAIRE
Address: 511 14TH ST NE
City-St-Zip: NAPLES, FL 34120

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: DIANE M. HANSON DIRE 01/07/2010
Electronic Signature of Signing Officer or Director Date