## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000001552

FILED Mar 28, 2011 Secretary of State

Entity Name: IMMOKALEE PREGNANCY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

106 S 2ND ST 1011W MAIN ST, STE 5 IMMOKALEE, FL 34142 IMMOKALEE, FL 34142

Current Mailing Address: New Mailing Address:

PO BOX 307

IMMOKALEE, FL 34143

FEI Number: 33-1205697 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANSON, DIANE M
106 S 2ND STREET
1011 W. MAIN ST, STE 5
IMMOKALEE, FL 34142 US
1MMOKALEE, FL 34142 US

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: 03/28/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

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:

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

Title:

Name: TRABBIC (DECARO), ROSE Address: 10285 HERITAGE BAY BLVD. #836

City-St-Zip: NAPLES, FL 34120

Title:

Name: ROBERT, GARRITY
Address: 5050 AVE MARIA BLVD.
City-St-Zip: AVE MARIA, FL 34142

Title: [

 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 03/28/2011