2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000001607

Entity Name: RCMA IMMIGRATION ASSISTANCE PROGRAM, INC.

Current Principal Place of Business:

402 W. MAIN ST.
IMMOKALEE, FL 341423933

New Principal Place of Business:

Current Mailing Address:

402 W. MAIN ST.
IMMOKALEE, FL 341423933

New Mailing Address:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

FEI Number: 26-1991921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANNIS, NATALIE C ESQ.
201 N. FRANKLIN ST., SUITE 2000
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: MAINSTER, BARBARA
Address: 402 WEST MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Change (X) Addition
Name: DINKEL, JOHN
Address: 402 WEST MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Change (X) Addition
Name: STEWART, MICHAEL
Address: 402 WEST MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Change (X) Addition
Name: WILSON, MICHAEL
Address: 402 WEST MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

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: BARBARA MAINSTER P 04/30/2009

Electronic Signature of Signing Officer or Director — Date