

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001607

FILED
Apr 21, 2011
Secretary of State

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:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

New Mailing Address:

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: PD
Name: MAINSTER, BARBARA
Address: 402 WEST MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: DINKEL, JOHN
Address: 402 WEST MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: STEWART, MICHAEL
Address: 402 WEST MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: WILSON, MICHAEL
Address: 402 WEST MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142

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: BARBARA MAINSTER

PD

04/21/2011

Electronic Signature of Signing Officer or Director

Date