2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91050 029 ****61.25

DOCUMENT # N12626

1. Entity Name
IMMOKALEE NON-PROFIT HOUSING, INC.

Principal Place of Business	Mailing Address
2449 SANDERS PINES CIR. IMMOKALEE, FL 34142 US	2449 SANDERS PINES CIRCLE IMMOKALEE, FL 34142 US

04162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2716833 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMSEY, MICHAEL R 2449 SANDERS PINES CIRCLE IMMOKALEE, FL 34142	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELIVEAU, DARBY 565 ANCHOR RODE DRIVE NAPLES, FL 33940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Carl Kuehner 900 Broad Ave S, #2C Naples, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CD~~ Director OLGA, HERNANDEZ P.O. BOX 700 N/A IMMOKALEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jack Bloodgood 786 Ashburton Drive Naples, FL 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ Treasurer & Secretary NEWSOME, ROBERT 1302 N.15TH ST.. IMMOKALEE, FL 33934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Susan Calkins 740 High Pines Drive Naples, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADILLA, GLORIA 402 W MAIN ST IMMOKALEE, FL 34142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jane Healy 8125 Tennaman Drive Naples, FL 34119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MATTHEWS, JOSEPH 1111 EAST MAIN ST IMMOKALEE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Harriet Lancaster 2335 Mont Claire Drive #201 Naples, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vice Chair KELLEHER, MAUREEN 1402 W NEW MARKET RD #8 IMMOKALEE, FL 34142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Alan Parker 741A Third St. South Naples, FL 34102	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M Ramsey Michael R. Ramsey ExDir. 04.16.04 239.657.8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #