## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N12626

Jan 27, 2006 Secretary of State

Entity Name: IMMOKALEE NON-PROFIT HOUSING, INC.

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

2449 SANDERS PINES CIR. IMMOKALEE, FL 34142

**Current Mailing Address: New Mailing Address:** 

2449 SANDERS PINES CIRCLE IMMOKALEE, FL 34142

FEI Number: 59-2716833 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:

KUEHNER, CARL J 900 BROAD AVE S, #2C NAPLES, FL 34102

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BELIVEAU, DARBY KUEHNER, CARL J Name: Name: 565 ANCHOR RODE DRIVE Address: 900 BROAD AVE S #2C Address: City-St-Zip: NAPLES, FL 33940 City-St-Zip: NAPLES, FL 34102

Title: ( ) Delete Title: VC (X) Change ( ) Addition PARKER, ALAN Name: PARKER, ALAN Name:

Address: 741A THIRD ST S Address: 741A THIRD ST S City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102

Title: () Delete Title: (X) Change ( ) Addition

NEWSOME, ROBERT PROTO, FRANK Name: Name: Address: 1302 N.15TH ST. Address: 2125 SNOOK DR City-St-Zip: IMMOKALEE, FL 33934 City-St-Zip: NAPLES, FL 34102

( ) Delete Title: Title: (X) Change ( ) Addition

Name: BLOODGOOD, JACK Name: LANCASTER, HARRIET 788 ASH BURTON DRIVE 3394 CERRITO CT Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34109

Title: (X) Delete Title: () Change () Addition

KUEHNER, CARL Name: Name: 900 BROAD AVE S, #2-C Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

KELLEHER, MAUREEN Name: Name: Address: 1402 W NEW MARKET RD #8 Address: IMMOKALEE, FL 34142 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL J. KUEHNER C 01/27/2006