

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22470 (1)

1. Corporation Name

IMMOKALEE FRIENDSHIP HOUSE, INC.



Principal Place of Business

**602 W. MAIN STREET
IMMOKALEE FL 33904**

Mailing Address

**602 W. MAIN STREET
IMMOKALEE FL 33934**

3. Date Incorporated or Qualified
09/14/1987

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0025941

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZAWILINSKI, FREDERICK
613 NASSAU STREET, SUITE 2
IMMOKALEE FL 33934**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Fred Zawilinski*
Signature, typed or printed name of registered agent and title if applicable

Executive Director
(NOTE: Registered Agent signature required when reinstating)

3/22/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D PEDERSON, GUNNAR**
STREET ADDRESS **27749 TAYLOR DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL**

1.1 TITLE **President (D)** ☒ Change ☐ Addition
1.2 NAME **Patrick Neale**
1.3 STREET ADDRESS **48 Templewood Court**
1.4 CITY-ST-ZIP **Mango Island FL 33937**

TITLE ☒ DELETE
NAME **D HERSHEY, BEN**
STREET ADDRESS **701 GLADE STREET**
CITY-ST-ZIP **IMMOKALEE FL**

2.1 TITLE **Vice President (D)** ☐ Change ☒ Addition
2.2 NAME **Rip Perry**
2.3 STREET ADDRESS **12780 Maiden Cane Lane**
2.4 CITY-ST-ZIP **Bonita Springs FL 33923**

TITLE ☒ DELETE
NAME **D STROZIER, HENRY**
STREET ADDRESS **235 BAHIA POINT**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **Secretary/Treasurer (D)** ☐ Change ☒ Addition
3.2 NAME **Stacy Hersha**
3.3 STREET ADDRESS **200 Pebble Beach Blvd., #102**
3.4 CITY-ST-ZIP **Naples, FL 33962**

TITLE ☒ DELETE
NAME **D ORR, JOSEPH**
STREET ADDRESS **1064 13TH AVENUE NORTH**
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Gunnar Pederson**
4.3 STREET ADDRESS **27749 Taylor Drive**
4.4 CITY-ST-ZIP **Bonita Springs, FL 33923**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Jim Smith**
5.3 STREET ADDRESS **1950 Gulf Shore Blvd., #204**
5.4 CITY-ST-ZIP **Naples, FL 33940**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Patrick H. Neale **Patrick H. Neale** *3/24/96 991642-1483*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)