

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Horne Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22470** (1)

1. Corporation Name

IMMOKALEE FRIENDSHIP HOUSE, INC.

Principal Place of Business

Mailing Address

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

**602 W. MAIN STREET
IMMOKALEE FL 34142-3837**



3. Date Incorporated or Qualified
09/14/1987

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Edward R. Laudise

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

P.O. Box 10720 47 MANOGANY DR

83

Naples 34101 Naples FL 34108

84 City

Naples FL FL 34108

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

E. Laudise

Ed Laudise

1-17-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PATRICK NEALE	
STREET ADDRESS	48 TEMPLEWOOD COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RIP PERRY	
STREET ADDRESS	12780 MAIDEN CANE LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	STACY HERSHA	
STREET ADDRESS	200 PEBBLE BEACH BLVD, #102	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUNNAR PEDERSON	
STREET ADDRESS	27749 TAYLOR DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIM SMITH	
STREET ADDRESS	1950 GULF SHORE BLVD, #204	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD
1.3 STREET ADDRESS	Frank Madden
1.4 CITY-ST-ZIP	535 Beachwalk Circle Naples FL 34108
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	50
2.3 STREET ADDRESS	Rip Perry
2.4 CITY-ST-ZIP	12780 Maiden Cane Lane Bonita Springs FL 34135
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AI Breinig
3.3 STREET ADDRESS	220 South Collier Blvd. #801
3.4 CITY-ST-ZIP	Marco Island, FL 34145
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	Gunnar Pederson
4.4 CITY-ST-ZIP	27749 Taylor Drive Bonita Springs FL 34135
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EXECUTIVE DIRECTOR
5.3 STREET ADDRESS	ED LAUDISE
5.4 CITY-ST-ZIP	P.O. Box 10720 47 MANOGANY DRIVE NAPLES, FL 34108
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002131923
6.3 STREET ADDRESS	-04/02/97--01119--016
6.4 CITY-ST-ZIP	***61.25

14. I do 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 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. 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, or on an attachment with an address.

SIGNATURE:

E. Laudise **Ed Laudise**

1-17-97

941 657 4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080801

CR2E037 (9/96)