


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N22470					
1. Corporation Name IMMOKALEE FRIENDSHIP HOUSE, INC.					
Principal Place of Business 602 W. MAIN STREET IMMOKALEE FL 33834 34142			Mailing Address 602 W. MAIN STREET IMMOKALEE FL 33834 34142		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34142 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34142 Country		3. Date Incorporated or Qualified 09/14/1987 4. FEI Number 65-0025941 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent LAUDISE, EDWARD R. 47 MAHOGANY DR. NAPLES FL 34108				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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

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	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADDEN, FRANK			1.2 NAME			
STREET ADDRESS	535 BEACHWALK CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108			1.4 CITY-ST-ZIP			
TITLE	SDD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RIP PERRY			2.2 NAME	Jenny Ruttman		
STREET ADDRESS	12780 MAIDEN CANE LANE			2.3 STREET ADDRESS	528 Retreat Drive Apt 104		
CITY-ST-ZIP	BONITA SPRINGS FL			2.4 CITY-ST-ZIP	Naples FL 34110		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREINIG, AL			3.2 NAME			
STREET ADDRESS	220 SOUTH COLLIER BLVD. #801			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUNNAR PEDERSON			4.2 NAME			
STREET ADDRESS	27749 TAYLOR DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JIM SMITH			5.2 NAME	Debbie Mahr		
STREET ADDRESS	1950 GULF SHORE BLVD, #204			5.3 STREET ADDRESS	6667 Mangrove		
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP	Naples FL 34109		
TITLE	ED	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAUDISE, ED			6.2 NAME			
STREET ADDRESS	47 MAHOGANY DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108			6.4 CITY-ST-ZIP			

14. 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *E. Laudise*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99
Date

941 657 4090
Daytime Phone #

CR2E037 (11/98)