

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000900

FILED
Jan 14, 2005
Secretary of State

Entity Name: THE IMMOKALEE HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

1454 MADISON AVE
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 873
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 65-0394953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLON, WILLIAM
1454 MADISON AVE
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

DILLON, WILLIAM
2590 GOLDEN GATE PKWY SUITE 108
NAPLES, FL 34105 US

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:

01/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: AKIN, RICHARD
Address: 1220 WESTFIELD DR.
City-St-Zip: FORT MYERS, FL 33919

Title: TRUS () Delete
Name: AUSBON, WILLIAM M.D.
Address: 1454 MADISON AVE.
City-St-Zip: IMMOKALEE, FL 34142

Title: TRUS () Delete
Name: STARLING, BRADY
Address: 1454 MADISON AVE.
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TP (X) Change () Addition
Name: AKIN, RICHARD B
Address: 1220 WESTFIELD DR.
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD B AKIN

TP

01/14/2005

Electronic Signature of Signing Officer or Director

Date