

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90009 044 \*\*\*\*70.00

<b>DOCUMENT # N96000000226</b> 1. Entity Name THE FOUNDATION FOR THE IMMOKALEE CHILD CARE CENTER, INC.					
Principal Place of Business 852 1ST AVE. SOUTH SUITE 211 NAPLES, FL 34102-6127 US			Mailing Address 852 1ST AVE S STE 211 NAPLES, FL 34102-6127 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <i>Suite 208</i>		Suite, Apt. #, etc. <i>Suite 208</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1467072	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  VINING, DONALD 4115 CUTLASS LANE NAPLES, FL 34102				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINING, DONALD 4115 CUTLASS LANE NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASSEY, THOMAS 8889 PELICAN BAY BLVD., STE 200 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Charles White 6021 Ashford Lane Naples, Fla 34110-2397	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DULEBOHN, DAVID 630 VIA MEZNER, UNIT1001 NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Thomas Massey 8445 Mystic Greens #2104 Naples, Fla 34113-0626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HART, JIM 3141 DOMINICA WAY NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglas Newell 3370 27th Ave S.W. Naples, Fla 34117-7140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Dinino 3155 Santorini Court Naples, Fla 34119-7708	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Donald Vining</i>			24 April 2007 239 262-1450		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		