

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000226

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE FOUNDATION FOR THE IMMOKALEE CHILD CARE CENTER, INC.

Current Principal Place of Business:

3775 AIRPORT PULLING RDN
UNIT B
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

3775 AIRPORT PULLING RDN
UNIT B
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 31-1467072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINING, DONALD
4115 CUTLASS LANE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VINING, DONALD
Address: 4115 CUTLASS LANE
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: WHITE, CHARLES
Address: 6021 ASHFORD LANE
City-St-Zip: NAPLES, FL 341102397

Title: SD () Delete
Name: MASSEY, THOMAS
Address: 8445 MYSTIC GREENS #2104
City-St-Zip: NAPLES, FL 341130626

Title: VP () Delete
Name: HART, JIM
Address: 3141 DOMINICA WAY
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: NEWELL, DOUGLAS
Address: 3370 27TH AVE S.W.
City-St-Zip: NAPLES, FL 341177140

Title: D () Delete
Name: DININO, JOHN
Address: 3155 SANTORINI COURT
City-St-Zip: NAPLES, FL 341197708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated 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 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: CHARLES L. WHITE

TD

04/10/2009

Electronic Signature of Signing Officer or Director

Date