

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000226

FILED
Jun 21, 2011
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
6854 DEL MAR TERRACE
NAPLES, FL 34105 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
Name: VINING, DONALD Q
Address: 6854 DEL MAR TERRACE
City-St-Zip: NAPLES, FL 34105

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

Title: D
Name: MASSEY, THOMAS A
Address: 8445 MYSTIC GREENS #2104
City-St-Zip: NAPLES, FL 341130626

Title: VP
Name: HART, JAMES W
Address: 3141 DOMINICA WAY
City-St-Zip: NAPLES, FL 34119

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

Title: D
Name: CARBONE, JERRY L
Address: 2340 MONT CLAIRE DRIVE # 202
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: CHARLES L. WHITE

TD

06/21/2011

Electronic Signature of Signing Officer or Director

Date