

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006258

FILED
Feb 12, 2006
Secretary of State

Entity Name: IMMOKALEE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

550 NORTH 19TH ST., #60
IMMOKALEE, FL 34142 US

New Principal Place of Business:

355 SOUTH 3RD STREET
IMMOKALEE, FL 34142 US

Current Mailing Address:

550 N 19TH ST
60
IMMOKALEE, FL 34142 US

New Mailing Address:

PO BOX 2254
IMMOKALEE, FL 34143 US

FEI Number: 65-0710056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLMAN, STEPHEN H
550 N 19TH ST
60
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

WOOD, WAYNE
985 SNAKE ROAD
NAPLES, FL 34117 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: WAYNE WOOD

02/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELLMAN, STEPHEN H
Address: 550 N 19TH ST 60
City-St-Zip: IMMOKALEE, FL 34142

Title: VD () Delete
Name: WOOD, WAYNE
Address: 985 SNAKE ROAD
City-St-Zip: NAPLES, FL 34117

Title: SD () Delete
Name: DEVO, WILLIAM
Address: 642 CLIFTON ST
City-St-Zip: IMMOKALEE, FL 34142

Title: TD () Delete
Name: BELLMAN, JEANNETTE
Address: 550 N 19 STREET #60
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOOD, WAYNE
Address: 985 SNAKE ROAD
City-St-Zip: NAPLES, FL 34117

Title: VD (X) Change () Addition
Name: WOOD, JACKIE
Address: 985 SNAKE ROAD
City-St-Zip: NAPLES, FL 34117

Title: SD (X) Change () Addition
Name: DEYO, WILLIAM
Address: 642 CLIFTON ST
City-St-Zip: IMMOKALEE, FL 34142

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 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: WAYNE WOOD

PD

02/12/2006

Electronic Signature of Signing Officer or Director

Date