

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90157 036 \*\*\*\*61.25

**DOCUMENT # N96000006258**

1. Entity Name  
**IMMOKALEE CHRISTIAN CENTER, INC.**



Principal Place of Business  
**550 NORTH 19TH ST., #60  
IMMOKALEE FL 34142  
US**

Mailing Address  
**550 N 19TH ST  
60  
IMMOKALEE FL 34142  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0710056**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD	<input type="checkbox"/> Delete
NAME	BELLMAN, STEPHEN H	
STREET ADDRESS	550 N 19TH ST 60	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOOD, WAYNE	
STREET ADDRESS	985 SNAKE ROAD	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEVO, WILLIAM	
STREET ADDRESS	642 CLIFTON ST	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALCE, ELYSE	
STREET ADDRESS	2731 WILTON CT	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNETTE BELLMAN	
STREET ADDRESS	550 N 19 ST #60	
CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Stephen H. Bellman* **STEPHEN H. BELLMAN 4-14-03 658-2997**

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CR2E037 (10/02)