2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State
07-08-2002 90236 048 ****61.25

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1. Entity Name

IMMOKALEE MULTICULTURAL MULTIPURPOSE COMMUNITY A CTION AGENCY, INCORPORATED ✓

Principal Place of Business	Mailing Address
201 CALLE AMISTAD IMMOKALEE FL 34142-3222	201 CALLE AMISTAD IMMOKALEE FL 34142-3222

40464

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
210 A 1st South	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Immokalee Fl 34142	City & State
Zip / Country: Caffien	Zip / Country

4. FEI Number: 59-3640279 ☐ Applied For ☐ Not Applicable

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
ADAME, MARIA C 201 CALLE AMISTAD IMMOKALEE FL 34142-3222	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAME, MARIA C 201 CALLE AMISTAD IMMOKALEE FL 34142-3222	☐ Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	V-Chair Pedro Narezo III 325 John knox Rd Building L Suite 50 Tallahassee Fl. 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SERRATA, ESMERELDA 11415 WHISTLER'S COVE BLVD.,APT.1111 NAPLES FL 34113	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ofelia Dimas 1818-SeaCrest Immokalee Fl. 34143 D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENNETT, SHERI 1304 N. 15 STREET IMMOKALEE FL 34142	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parliamentarian Luis Maccous 3131 60th Ave. NE Immokalee Fl. 34143 D	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VICKERY, ANGIE 631 N. 9 STREET IMMOKALEE FL 34142	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rachel Cantu 856 Cucumber Lane Immokalee, Fl. 34142 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM DIMAS, OFELIA P.O. BOX 448 IMMOKALEE FL 34143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jennifer Edwards BM 3301 Tamiami Trail East Naples, Fl. 34112 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM ROGERS, MORGAN CPL 112 SOUTH 1ST STREET IMMOKALEE FL 34142	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martha Bucholtz BM 112 South 1st St. Immokalee, Fl. 34142 D	☐ Change ☑ Addition

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.