


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90004 047 ****61.25

DOCUMENT # N99000007644 1. Entity Name IMMOKALEE MULTICULTURAL MULTIPURPOSE COMMUNITY ACTION AGENCY, INCORPORATED																																																																																																																													
Principal Place of Business 210 A 1ST SOUTH IMMOKALEE, FL 34142			Mailing Address PO BOX 949 COLLIER, FL 34143																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 949 Suite, Apt. #, etc.																																																																																																																											
City & State		City & State IMMOKALEE, FL		4. FEI Number 59-3640279																																																																																																																									
Zip 34143		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent ADAME, MARIA C 201 CALLE AMISTAD IMMOKALEE, FL 34142-3222				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
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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: <u>Sheri K. Bennett</u> Sheri K. Bennett 4-2-04 239-657-2213 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>																																																																																																																													