

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007644

FILED
Jan 04, 2008
Secretary of State

Entity Name: IMMOKALEE MULTICULTURAL MULTIPURPOSE COMMUNITY ACTION AGENCY, INCORPORATED

Current Principal Place of Business:

210 A 1ST SOUTH
IMMOKALEE, FL 34142

New Principal Place of Business:

214 A 1ST SOUTH
IMMOKALEE, FL 34142

Current Mailing Address:

PO BOX 949
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 59-3640279 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADAME, MARIA C
201 CALLE AMISTAD
IMMOKALEE, FL 341423222 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: BMD () Delete
Name: TAYLOR, MIKE
Address: 112 SOUTH 1ST ST
City-St-Zip: IMMOKALEE, FL 34142

Title: VC () Delete
Name: NAREZO, PEDRO III
Address: 325 JOHN KNOX RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: BMD () Delete
Name: EDWARDS, JENNIFER
Address: 3301 TAMiami TRAIL EAST
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: CANTU, RACHEL
Address: 856 CUCUMBERLANE
City-St-Zip: IMMOKALEE, FL 34142

Title: TD () Delete
Name: DIMAS, OFELIA
Address: 1818 SEACREST
City-St-Zip: IMMOKALEE, FL 34143

Title: BMD () Delete
Name: ALLEN, HOWARD REV
Address: 430 GUANT STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIA C. ADAME

D

01/04/2008

Electronic Signature of Signing Officer or Director

Date