

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007644

FILED
Feb 02, 2012
Secretary of State

Entity Name: IMMOKALEE MULTICULTURAL MULTIPURPOSE COMMUNITY ACTION AGENCY, INCORPORATED

Current Principal Place of Business:

1255 N. 15TH ST.
1
IMMOKALEE, FL 34142

New Principal Place of Business:

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:

ALLEN, HOWARD C SR.
430 GAUNT ST.
IMMOKALEE, FL 34142 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: VC
Name: TAYLOR, MIKE
Address: 112 SOUTH 1ST ST
City-St-Zip: IMMOKALEE, FL 34142

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

Title: SD
Name: CANTU, RACHEL
Address: 856 CUCUMBER LANE
City-St-Zip: IMMOKALEE, FL 34142

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

Title: BMD
Name: DE LA CRUZ, MIGUEL
Address: 415 ROSE AVENUE
City-St-Zip: IMMOKALEE, FL 34142

Title: CEO
Name: HERNANDEZ, OLGA
Address: 3704 LAKE TRAFFORD ROAD
City-St-Zip: IMMOKALEE, FL 34142

I hereby 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 all other like empowered.

SIGNATURE: OLGA HERNANDEZ

CEO

02/02/2012

Electronic Signature of Signing Officer or Director

Date