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

DOCUMENT # N99000007644

t. Entity Name

IMMOKALEE MULTICULTURAL MULTIPURPOSE COMMUNITY A CTION AGENCY, INCORPORATED



Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90134 035 ****61.25

FILED

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Principal Place 210 A 1ST SC IMMOKALEE F		Mailing Address 201 CALLE AMIS IMMOKALEE FL	STAD			, , , , , , , , , , , , , , , , , , , 	A.(& ())) Ba.() Ad. ()		. 188(8 Betts &	1 4.11 6 181 1481		
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Suite, Apt. #, etc.			Suite Ant #	P. U. BOX 949 Suite, Apt. #, etc.								
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City & State			City & State In motale	Inimotolee Pheriola			4. FEI Number	9-3640279		_ 	oplied For ot Applicable]
34			34/43	4143 Collick			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name ar	nd Address of Current	Registered Agent		None		7. Name and Add	Iress of New Reg	istered Ag	jent		4
	, MARIA C LLE AMISTAD	e e e e e e e e e e e e e e e e e e e		٠٠ سد تسمو ٠	Name Street A	ddress (P	O. Box Number is	Not Acceptable)	<u> </u>			.
	ALEE FL 3414	2-3222					_ ::: <u></u> -	,				1
l					City		· · · · · ·		FL	Zip Code	9	1
8. The above	named entity s	ubmits this statement for	r the purpose of cha	anging its regist	tered office o	r registere	d agent, or both, in	the State of Floric	da. I am fai	miliar with,	and accept	1
the obligat	tions of registere	ed agent.	a /									
SIGNATURE .	Makie	à Holame		<u> </u>					<u>04-07</u>	103		
	Signature, typed or p	orinted name of registered agent :	and trie if applicable.	(NOTE: Regist	stered Agent signat	ure required v	when reinstating)		UAIE]
FILE NOW: FEE IS \$61.25 9. Election C							\$5.00 May Be Added to Fees		e Check Departn			
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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. 239-657

SIGNATURE: