

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90134 035 *****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

**201 CALLE AMISTAD
IMMOKALEE FL 34142-3222**

2. Principal Place of Business

3. Mailing Address

P.O. Box 949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Immokalee Florida

4. FEI Number **59-3640279**

Applied For

Not Applicable

Zip

Country

Zip

Country

34143

Collier

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

Maria Adame, Chairperson

04-07-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BMD	<input type="checkbox"/> Delete
NAME	BUCHOLTZ, MARTHA	
STREET ADDRESS	112 SOUTH 1ST ST	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	VC	<input type="checkbox"/> Delete
NAME	NAREZO, PEDRO III	
STREET ADDRESS	325 JOHN KNOX RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	EDWARDS, JENNIFER	
STREET ADDRESS	3301 TAMiami TRAIL EAST	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CANTU, RACHEL	
STREET ADDRESS	856 CUCUMBERLANE	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIMAS, OFELIA	
STREET ADDRESS	1818 SCACREST	
CITY-ST-ZIP	IMMOKALEE FL 34143	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MACCOUS, LUIS	
STREET ADDRESS	3131 60TH AVE NE	
CITY-ST-ZIP	IMMOKALEE FL 34143	

TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benett, Sheri	
STREET ADDRESS	1304 N. 15th Street	
CITY-ST-ZIP	Immokalee FL 34142	
TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adame maria	
STREET ADDRESS	201 Calle Amistad	
CITY-ST-ZIP	Immokalee FL 34142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Maria Adame, Chairperson

Maria Adame, Chairperson

239-657-

7272

CR2E037 (10/02)