

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714475

Entity Name: IMMOKALEE CHILD CARE CENTER, INC.

Current Principal Place of Business:

415 COLORADO AVE
IMMOKALEE, FL 34142-4034

Current Mailing Address:

3775 AIRPORT PULLING RD. N.
UNIT B
NAPLES, FL 34105-2530 US

FEI Number: 59-1209842

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STIFT, ROBERT
4751 BONITA BAY BLVD
#1903
BONITA SPRINGS, FL 34134 US

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: ROBERT STIFT

04/26/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name STIFT, ROBERT
Address 4751 BONITA BAY BLVD #1903
City-State-Zip: BONITA SPRINGS FL 34134

Title VP
Name VINING, BEVERLEY
Address 6854 DEL MAR TERRACE
City-State-Zip: NAPLES FL 34105-5033

Title S
Name SANDBERG, ROBERTA
Address 2250 QUEENS WAY
City-State-Zip: NAPLES FL 34112-5424

Title VP
Name FISHER, DAVID
Address 4661 5TH AVE S.W.
City-State-Zip: NAPLES FL 34119

Title VP
Name MAIALE, THOMAS
Address 8904 CEDAR HOLLOW DR
City-State-Zip: FORT MYERS FL 33912

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: DAVID FISHER

VP

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date