2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010836

Entity Name: IMMOKALEE SOCCER SCHOOL & ACADEMY, INC.

FILED Feb 22, 2016 Secretary of State CC4750904409

Current Principal Place of Business:

753 EL PASO TRAIL IMMOKALEE. FL 34142

Current Mailing Address:

P.O. BOX 1978

IMMOKALEE. FL 34143 US

FEI Number: 45-4403831 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALVATORI, WOOD & BUCKEL, PL 9132 STRADA PLACE FOURTH FLOOR NAPLES, FL 34108 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR

Name CRUZ, ELEUTERIO

Address 5220 23RD COURT SW

City-State-Zip: NAPLES FL 34116

Title PRESIDENT, DIRECTOR

Name BUNTZMAN, AROL I

Address 12747 YACHT CLUB CIRCLE

City-State-Zip: FT. MYERS FL 33919

Title D

Name ESFORMES, JON Address PO BOX 866

City-State-Zip: PALMETTO FL 34220

Title D

Name CHAPNICK, ELLEN
Address 3 PLOUGHMANS BUSH
City-State-Zip: BRONX NY 10471

Title TREASURER, DIRECTOR

Name RODRIGUEZ, ROSA YALY
Address 3895 13TH AVENUE SW

City-State-Zip: NAPLES FL 34117

Title SECRETARY, DIRECTOR

Name MCCONNELL, TRAVIS J

Address 1188 N. MARK LANE

City-State-Zip: WARSAW IN 46580

Title D

Name KEY, BUDDY

Address 3975 E. RIVER DR.
City-State-Zip: FT. MYERS FL 33916

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: ELEUTERIO CRUZ

DIRECTOR

02/22/2016