

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007120

Entity Name: MARANATHA BAPTIST CHURCH OF IMMOKALEE, INC**Current Principal Place of Business:**105 E MAIN ST
IMMOKALEE, FL 34142**Current Mailing Address:**PO BOX 1037
IMMOKALEE, FL 34143**FEI Number:** 20-3004390**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SAINT LOT, PATRICK
216 BLACKSTONE DR
FORT MYERS, FL 33913 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	D
Name	SAINT LOT, PATRICK
Address	216 BLACKSTONE DR.
City-State-Zip:	FT MYERS FL 33913

Title	O
Name	CLAIRISME, JOSUE
Address	PO BOX 1037
City-State-Zip:	IMMOKALEE FL 34143

Title	O
Name	PIERRE, JOANNEM
Address	PO BOX 1037
City-State-Zip:	IMMOKALEE FL 34143

Title	O
Name	ESPERANCE, CHANTALE
Address	PO BOX 1037
City-State-Zip:	IMMOKALEE FL 34143

Title	O
Name	SAINT LOT, MARIE-FRANCE
Address	PO BOX 1037
City-State-Zip:	IMMOKALEE FL 34143

Title	O
Name	PRIME, LEDAN
Address	PO BOX 1037
City-State-Zip:	IMMOKALEE FL 34143

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: PATRICK SAINT LOT**REGISTERED AGENT****04/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date