

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005984

FILED  
Apr 21, 2012  
Secretary of State

**Entity Name:** LILLY BASS CHURCH OF GOD IN UNITY, INC.

**Current Principal Place of Business:**

626 MAPLE DRIVE  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2506  
IMMOKALEE, FL 34143

**New Mailing Address:**

**FEI Number:** 45-0471011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, REMAR  
2520 NW 173RD TERRACE  
MIAMI, FL 33056 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCOTT, REMAR  
Address: 2520 NW 173RD TERRACE  
City-St-Zip: MIAMI, FL 33056

Title: D  
Name: HAWKINS, ALEXANDER  
Address: 508 SOUTH 8TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: HUGHES, CLARA  
Address: 1545 LIVE OAK DR  
City-St-Zip: FT MYERS, FL 33916

Title: D  
Name: OLIVER, ROSETTA  
Address: 1907 LEAD AVE  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: JONES, EUGENE  
Address: 401 SE 15TH ST  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: SCOTT, KAMELA  
Address: 2520 NW 173RD TERRACE  
City-St-Zip: MIAMI, FL 33056

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:** REMAR SCOTT

D

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date