# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 12, 2009**
**Secretary of State**

DOCUMENT# N04000010487

**Entity Name:** MISSION OF SILOAM, INC.

**Current Principal Place of Business:**

1707 NORTH 6TH AVE.
IMMOKALEE, FL 34142

**New Principal Place of Business:**

312 NEW MARKET RD W
IMMOKALEE, FL 34142

**Current Mailing Address:**

1707 NORTH 6TH AVE.
IMMOKALEE, FL 34142

**New Mailing Address:**

1707 NORTH 6TH AVE
IMMOKALEE, FL 34142

**FEI Number: 56-2479908** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

FLEURY, MARIE N
598 HENLEY DR.
NAPLES, FL 34104 US

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

GILOT, MARIE L
1707 NORTH 6TH AVE.
IMMOKALEE, FL 34142 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: MARIE L GILOT 10/12/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete
Name: JEANBAPTISTE, ROSIE
Address: 856 DOLPHIN AVE.
City-St-Zip: PT. CHARLOTTE, FL 33948

Title: S ( ) Delete
Name: SIMILIEN, MARIE F
Address: 462 ROSE AVE
City-St-Zip: IMMOKALEE, FL 34142

Title: T ( ) Delete
Name: BENOIT, KETTLY
Address: 11500 VILLA GRAND, APT. #322
City-St-Zip: FT. MYERS, FL 33913

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: BERTRAND, JOEL
Address: 740 CRESTVIEW CIR APT 104
City-St-Zip: IMMOKALEE, FL 34142

Title: SECR (X) Change ( ) Addition
Name: CALIXTE, MAGDALA D
Address: 3760 JUSTICE CIR
City-St-Zip: IMMOKALEE, FL 34142

Title: VP (X) Change ( ) Addition
Name: FLEURY, MARIE N
Address: 598 HENLEY DR
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Change (X) Addition
Name: CLERSAINT, MARIE D
Address: 746 LAUREN LN
City-St-Zip: IMMOKALEE, FL 34142

Title: C ( ) Change (X) Addition
Name: JOSEPH, GIVER
Address: 1707 NORTH 6TH AVE
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIE L GILOT PAST 10/12/2009
Electronic Signature of Signing Officer or Director Date