


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90228 021 \*\*\*\*70.00

<b>DOCUMENT # N05000007120</b> 1. Entity Name <b>OMEGA BAPTIST CHURCH OF IMMOKALEE, INC.</b>					
Principal Place of Business <b>1305 W NEW MARKET RD IMMOKALEE, FL 34142</b>			Mailing Address <b>POB 1037 IMMOKALEE, FL 34143</b>		
2. Principal Place of Business - No P.O. Box # <b>105 E. Main St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1037</b> Suite, Apt. #, etc.			
City & State <b>Immokalee, FL</b> Zip <b>34142</b>		City & State <b>Immokalee, FL</b> Zip <b>34143</b>		4. FEI Number <b>20-3004390</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAINT LOT, PATRICK 216 BLACKSTONE DR FORT MYERS, FL 33913</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BEAUPLAN, MENARD...</b> <b>223 RICARDO ST</b> <b>FT MYERS, FL 33901</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SAINT LOT, PATRICK</b> <b>216 BLACKSTONE DR</b> <b>FT MYERS, FL 33913</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DORCIN, JEAN</b> <b>560 OAK HEAVEN CIR APT 104</b> <b>IMMOKALEE, FL 34142</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CLAIRISME, CHANTAL</b> <b>140 ANHINGA CIR APT 5</b> <b>IMMOKALEE, FL 34142</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ST-PHART, MARIE M</b> <b>604 GLADIOLA ST</b> <b>IMMOKALEE, FL 34142</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CLAIRISME, JOSUE</b> <b>140 ANHINGA CIR APT 5</b> <b>IMMOKALEE, FL 34142</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Patrick Saint-Lot</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-22-07 239 503 5004</b> <small>Date Daytime Phone #</small>		