

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007120

FILED
Apr 28, 2008
Secretary of State

Entity Name: OMEGA BAPTIST CHURCH OF IMMOKALEE, INC.

Current Principal Place of Business:

105 E MAIN ST
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

PO BOX 1037
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 20-3004390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINT LOT, PATRICK
216 BLACKSTONE DR
FORT MYERS, FL 33913 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 () Delete
Name: BEAUPLAN, MENARD
Address: 223 RICARDO ST
City-St-Zip: FT MYERS, FL 33901

Title: D () Delete
Name: SAINT LOT, PATRICK
Address: 216 BLACKSTONE DR
City-St-Zip: FT MYERS, FL 33913

Title: D () Delete
Name: DORCIN, JEAN
Address: 560 OAK HEAVEN CIR APT 104
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: CLAIRISME, CHANTAL
Address: 140 ANHINGA CIR APT 5
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: ST-PHART, MARIE M
Address: 604 GLADIOLA ST
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: CLAIRISME, JOSUE
Address: 140 ANHINGA CIR APT 5
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLAIRISME, JOSUE
Address: 1009 SUSAN AVE. N
City-St-Zip: LEHIGH ACRES, FL 33971

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: PATRICK SAINT-LOT

SECR

04/28/2008

Electronic Signature of Signing Officer or Director

Date