

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007120

FILED  
Jun 22, 2010  
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 (X)**

**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  
Name: BEAUPLAN, MENARD  
Address: 223 RICARDO ST  
City-St-Zip: FT MYERS, FL 33901

Title: D  
Name: VOLCY, JEAN  
Address: 604 GLADIOLA STREET  
City-St-Zip: IMMOKALEE, FL 34142

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

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

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

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

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: JEAN VOLCY

D

06/22/2010

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

\_\_\_\_\_  
Date