

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006258

FILED
Mar 11, 2009
Secretary of State

Entity Name: IMMOKALEE MINISTRIES, INC.

Current Principal Place of Business:

321-1ST STREET
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2254
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 65-0710056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, WAYNE
985 SNAKE ROAD
NAPLES, FL 34117 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: PD () Delete
Name: WOOD, WAYNE
Address: 985 SNAKE ROAD
City-St-Zip: NAPLES, FL 34117

Title: VD () Delete
Name: WOOD, JACKIE
Address: 985 SNAKE ROAD
City-St-Zip: NAPLES, FL 34117

Title: SD () Delete
Name: DEYO, WILLIAM
Address: 642 CLIFTON ST
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:

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: JACKIE WOOD

VD

03/11/2009

Electronic Signature of Signing Officer or Director

Date