

**2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 714104

**Entity Name:** ST. JOHN MISSIONARY BAPTIST CHURCH OF IMMOKALEE, INC.

**FILED**  
**Jan 04, 2024**  
**Secretary of State**  
**6631964693CR**

**Current Principal Place of Business:**

201 W. EUSTIS AVE  
IMMOKALEE, FL 34142

**Current Mailing Address:**

P.O. BOX 1033  
IMMOKALEE, FL 34143 US

**FEI Number: 84-3656887**

**Certificate of Status Desired: No**

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

MCCULLUM, VEVLIN  
507 PALMETTO 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: VEVLIN MCCULLUM**

**01/04/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WILLIAMS, FRANK J  
Address 916 JAGUAR BLVD  
City-State-Zip: LEHIGH ACRES FL 33974

Title TR  
Name MCCULLUM, JOSEPH  
Address 507 PALMETTO AVE  
City-State-Zip: IMMOKALEE FL 34142

Title TR  
Name WILLIAMS , MARY  
Address 916 JAGUAR AVENUE  
City-State-Zip: LEHIGH FL 33913

Title TR  
Name MCCULLUM, VEVLIN  
Address 507 PALMETTO AVE  
City-State-Zip: IMMOKALEE FL 34142

Title TR  
Name TAYLOR, NETTIE  
Address 406 EUSTIS AVE  
City-State-Zip: IMMOKALEE FL 34142

Title S  
Name GRIFFIN, MARILYN  
Address 672 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

*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: VEVLIN MCCULLUM**

**CHURCH CLERK**

**01/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date