

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010487

**Entity Name:** MISSION OF SILOAM, INC.

**Current Principal Place of Business:**

314 NEW MARKET RD W  
IMMOKALEE, FL 34142

**Current Mailing Address:**

1707 NORTH 6TH AVE  
IMMOKALEE, FL 34142

**FEI Number:** 56-2479908

**Certificate of Status Desired:** No

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

GILOT, MARIE L  
1707 NORTH 6TH 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GILOT, MARIE L.  
Address 1707 NORTH 6TH AVE  
City-State-Zip: IMMOKALEE FL 34142

Title SECR  
Name CALIXTE, MAGDALA D  
Address 3760 JUSTICE CIR  
City-State-Zip: IMMOKALEE FL 34142

Title VP  
Name BERTRAND, JOEL  
Address 735 FLEMING AVE S  
City-State-Zip: LEHIGH ACRES FL 33974

Title T  
Name CLERSAINT, MARIE D  
Address 746 LAUREN LN  
City-State-Zip: IMMOKALEE FL 34142

Title C  
Name HENRY, NICOLE  
Address 1227 MADISON CT  
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:** MARIE GILOT

**PASTOR**

**03/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date