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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706526** (1)
1. Corporation Name
SHILOH BAPTIST CHURCH INC

Principal Place of Business 943 D STREET LAKE WALES FL 33853 US	Mailing Address 343 D STREET LAKE WALES FL 33853 US
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3. Date Incorporated or Qualified 12/06/1963	
4. FEI Number 05-0042322	☒ Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEYWARD, IDELLA
637 JACKSON AVENUE
LAKE WALES FL 33853**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MEEKS, FRED	1.2 NAME	
STREET ADDRESS	2425 EVE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	HARDY, BRUCE	2.2 NAME	
STREET ADDRESS	1713 TERRY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	HEYWARD, IDELLA	3.2 NAME	
STREET ADDRESS	637 JACKSON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	KELLY, SEEGER	4.2 NAME	
STREET ADDRESS	323 E. STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Idella Heyward* 4-17-98 941-676-5186

CR2E037 (10/97)