2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jul 12, 2004 8:00 am DOCUMENT # 706526 Entity Name **Secretary of State** SHILOH BAPTIST CHURCH INC 07-12-2004 90015 018 ****61.25 Principal Place of Business Mailing Address 343 D STREET P.O. BOX 1649 LAKE WALES, FL 33853 LAKE WALES, FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E037 (10/03) City & State 4. FEI Number 05-0042322 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELLS, DWAYNE L REV 7214 THOMAS-JEFFERSON CR WEST Street Address (P.O. Box Number is Not Acceptable) LAKE WALES, FL 33853 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PCEO WELLS, DWAYNE L. REVINCHANGE TITLE Delete TITLE WELL, DWAYNE L REV NAME . NAME 7214 THOMAS JEFFERSON CR. WEST STREET ADDRESS 7214 THOMAS JEFFERSON CR WEST STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP BARTOW, FL 33830 TITLE ☐ Delete TITLE ☐ Addition MEEKS, FRED MEEKS, FRED NAME NAME STREET ADDRESS **2425 ERIE ST** 2225 EVIE ST STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL. CITY-ST-ZIP AKE WALES, FL 33898 TITLE ☐ Delete TITLE Addition RICHARDS, CASSANDRA RICHARDS, CASSANDRA NAME RD. STREET ADDRESS 343 D.STREET_ 2350 FRIEDLANDER STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33853 CITY-ST-ZIP WAIES, FL 898 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHRISTIAN, CORY NAME STREET ADDRESS 277 CHERRY LAUREL LANE STREET ADDRESS CITY-ST-ZIF WINTER HAVEN, FL 338801222 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME MITCHELL, AL NAME STREET ADDRESS 1606 LEWIS GRIFFIN RD STREET ADDRESS CITY-ST-ZIF LAKE WALËS, FL CITY-ST-ZIP TITLE **BM** Delete TITLE Change ☐ Addition MORRIS, RUBIN NAME NAME STREET ADDRESS 3212 MAMMOTH GROVE RD STREET ADDRESS CITY-ST-7IE LAKE WALES, FL 33853 CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Casaada Echardo / Casaadra Richards 7/07/04 863-537-1224