2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# 706526

Entity Name: SHILOH BAPTIST CHURCH, INC.

Current Principal Place of Business:

343 D STREET
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1649
LAKE WALES, FL 33859 US

New Mailing Address:

FEI Number: 05-0042322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, SAMMIE L
401 E 7 AVE APT 1402
TAMPA, FL 33602 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:	PCEO	( ) Delete
Name:	WELLS, DWAYNE L REV	
Address:	7214 THOMAS JEFFERSON CR WEST	
City-St-Zip:	BARTOW, FL 33830	
Title:	V	( ) Delete
Name:	HICKS, SAMMIE L	
Address:	401 E 7TH AVE APT 1402	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	S	( ) Delete
Name:	RICHARDS, CASSANDRA	
Address:	2350 FRIEDLANDER ROAD	
City-St-Zip:	LAKE WALES, FL 33898 US	
Title:	TD	( ) Delete
Name:	CHRISTIAN, CORY	
Address:	277 CHERRY LAUREL LANE	
City-St-Zip:	WINTER HAVEN, FL 338801222	
Title:	BM	( ) Delete
Name:	MITCHELL, AL	
Address:	1606 LEWIS GRIFFIN RD	
City-St-Zip:	LAKE WALES, FL	
Title:	BM	( ) Delete
Name:	ANDERSON, KENNETH	
Address:	4821 WALES ST.	
City-St-Zip:	LAKE WALES, FL 33859	

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:	
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: SAMMIE L. HICKS V 01/17/2008

Electronic Signature of Signing Officer or Director — Date