NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -7 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06526

1. Entity Name
Shiloh Missionary Baptist Church Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
343 "D" St.	P.O. 1649
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Wales Fla.	City & State: Lake Wales Fla.
Zip: 33853 Country: U.S.	Zip: 33853 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rev. Dwayne L. Wells

Street Address (P.O. Box Number Is Not Acceptable): 7214 Thomas Jefferson CR. West

City: Lake Wales FL Zip Code: 33853

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.

SIGNATURE: Rev. Dwayne L. Wells Pastor, President/C.E.O 4-30-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE	President, Pastor-C.E.O
NAME	Rev. Dwayne Lamar Wells
STREET ADDRESS	7214 Thomas Jefferson CR. West
CITY-ST-ZIP	Bartow Fla. 33830
TITLE	Vice President
NAME	Fred Meeks
STREET ADDRESS	2425 Evie St.
CITY-ST-ZIP	Lake Wales
TITLE	Sect.
NAME	Cassandra Richards
STREET ADDRESS	343 "D" Street
CITY-ST-ZIP	Lake Wales Fla. 33853
TITLE	T. D.
NAME	Cory Christian
STREET ADDRESS	277 Cherry Laurel Lane
CITY-ST-ZIP	Winter Haven Fla. 33880-1222
TITLE	Board Member
NAME	Al Mitchell
STREET ADDRESS	1606 Lewis Griffin Rd.
CITY-ST-ZIP	Lake Wales Fla.
TITLE	Board Member
NAME	Rubie Morris
STREET ADDRESS	3212 Mammoth Grove Rd.
CITY-ST-ZIP	Lake Wales Fla. 33853

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*****70.00 *****70.00

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Dwayne L. Wells, Rev. Dwayne L. Wells 4-30-02 863-537-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/14/02