FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90033 037 ****61.25

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DOCUMENT # 736884

1. Corporation Name
HOPE OF SHILOH PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2515 E WILDER AVE TAMPA FL 33610 US	2515 E WILDER AVE TAMPA FL 33610 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 09/24/1976

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

AUSTIN, DOYLE L
4213 E ELLICOTT
TAMPA FL 33610

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	WILSON, SHARON		1.2 NAME	Lashawn Jordan	
STREET ADDRESS	73 5 WILLOW PARK DR		1.3 STREET ADDRESS	2015 E. Idlewild	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33610	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WISE, JOHN C.		2.2 NAME		
STREET ADDRESS	4018 W. FIG STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, DOYLE		3.2 NAME		
STREET ADDRESS	4213 E. ELLICOTT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, VERLION A.		4. 2 NAME		
STREET ADDRESS	5108 19TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, LEON A		5.2 NAME		
STREET ADDRESS	7315 WILLOW PARK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COPELAND, CHESTER		6.2 NAME		
STREET ADDRESS	3613 E ELLICOTT		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		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, with all other like empowered.

SIGNATURE: Electronically Filed 2/11/99 (813) 238-5602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)