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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 759757

1. Corporation Name

**SHILOH APOSTOLIC HOLINESS CHURCH OF OUR LORD JES
US CHRIST, INC.**

AKA Shiloh Tabernacle of Praise

Principal Place of Business

~~7222 DUNN AVE.~~
~~JAX FL 32211~~

Moved:

*1224 West 26th Street
Jax. FL. 32208*

Mailing Address

7527 DOVER CLIFF DR. N.
JAX FL 32244

534671 - 90177 - 39



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/21/1981

4. FEI Number

56-1124351

Applied For
Not Applicable

5. Certificate 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

SPRINGER, TIMOTHY
7527 DOVER CLIFF DR. N.
JAX FL FL322-44

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **SPRINGER, TIMOTHY**
CITY-ST-ZIP **7527 DOVER CLIFF DR. N.**
JAX FL 32244

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MEREDITH, ROBERT**
CITY-ST-ZIP **130 BELFORD RD**
JAX NC 28540

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **GRAY, BOBBY**
CITY-ST-ZIP **130 BEDFORD RD**
JAX NC 28540

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **SPRINGER, PATRICIA**
CITY-ST-ZIP **7527 DOVER CLIFF DR. N.**
JAX FL 32244

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **SPRINGER, TIMOTHY**
CITY-ST-ZIP **7527 DOVER CLIFF DR. N.**
JAX FL 32244

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Patricia Springer* **SIGNATURE REQUIRED** *Patricia Springer* *5/1/99* *(904) 573-2265*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0006448