2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2005
Secretary of State

DOCUMENT# 759757

Entity Name: SHILOH APOSTOLIC HOLINESS CHURCH OF OUR LORD JESUS CHRIST, INC.

Current Principal Place of Business:

1224 WEST 26TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

7527 DOVER CLIFF DR. N.
JAX, FL 32244

New Mailing Address:

FEI Number: 56-1124351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPRINGER, TIMOTHY
7527 DOVER CLIFF DR. N.
JAX, FL FL32244 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:	VPD	( ) Delete
Name:	SPRINGER, TIMOTHY	
Address:	7527 DOVER CLIFF DR. N.	
City-St-Zip:	JAX, FL 32244	
Title:	PD	( ) Delete
Name:	MEREDITH, ROBERT	
Address:	130 BELFORD RD	
City-St-Zip:	JAX, NC 28540	
Title:	S	( ) Delete
Name:	GRAY, BOBBY	
Address:	130 BEDFORD RD	
City-St-Zip:	JAX, NC 28540	
Title:	SD	( ) Delete
Name:	SPRINGER, PATRICIA	
Address:	7527 DOVER CLIFF DR. N.	
City-St-Zip:	JAX, FL 32244	
Title:	T	( ) Delete
Name:	SPRINGER, TIMOTHY	
Address:	7527 DOVER CLIFF DR. N.	
City-St-Zip:	JAX, FL 32244	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY SPRINGER VPD 07/04/2005
Electronic Signature of Signing Officer or Director — Date