

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # N97000002053**

1. Entity Name

**SHILOH COVENANT FELLOWSHIP OF LAKELAND, INC.**



Principal Place of Business

8660 INDIAN RIDGE TRAIL  
LAKELAND FL 33809

Mailing Address

P.O. BOX 90874  
LAKELAND FL 33804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BIRD, LANCE**  
8660 INDIAN RIDGE TRAIL  
LAKELAND FL 33804

Name

**Merry Bird**

Street Address (P.O. Box Number is Not Acceptable)

**8660 Indian Ridge Trail**

City

**Lakeland**

**FL**

Zip Code  
**33804**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Merry Bird*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-04**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	DVP BIRD, MERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8660 INDIAN RIDGE TRAIL LAKELAND FL 33809	
TITLE NAME	DVP DUNTON, BRUCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8660 INDIAN RIDGE TRAIL LAKELAND FL 33809	
TITLE NAME	DP BIRD, LANCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8660 INDIAN RIDGE TRAIL LAKELAND FL 33809	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	DP Bird, Merry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8660 Indian Ridge Trail Lakeland, FL 33810	
TITLE NAME	DVP Bird, Lance	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8660 Indian Ridge Trail Lakeland, FL 33810	
TITLE NAME	DS Rau, Susan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5013 S. MacDill Ave. - Apt. 2 Tampa, FL 33611	
TITLE NAME	DT Coryell, Nanci	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4516 Ballast Point Blvd. Tampa, FL 33611	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	900035558379 05/06/04--01019--020 **105.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Merry Bird*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-04 (863) 853-5109**

Date

Daytime Phone #

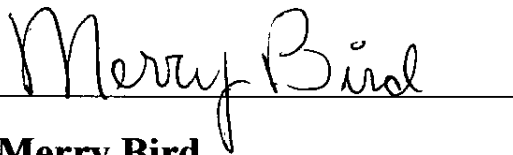
Attachment

# 197000002053

**APRIL 20, 2004**

**DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
P.O. BOX 6850  
TALLAHASSEE, FL 32314**

**WE ARE RENEWING OUR NOT - FOR PROFIT CORPORATION  
STATUS, AMENDING THE ENTITY NAME AND REQUESTING A  
CERTIFICATE OF STATUS.**



**Merry Bird  
P.O. Box 90874  
Lakeland, Florida 33804  
(863) 853-5109**

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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

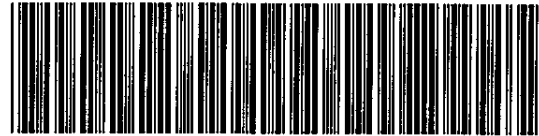
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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attachment...

**ARTICLES OF AMENDMENT**

to

#N97000002053

**ARTICLES OF INCORPORATION**

of

Shiloh Covenant Fellowship of Lakeland Inc.

(present name)

N97000002053

(Document Number of Corporation (If known))

*Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.*

**FIRST:** Amendment(s) adopted: (INDICATE ARTICLE NUMBER (S) BEING AMENDED, ADDED OR DELETED.)

**Article 1**

**SHILOH COVENANT FELLOWSHIP OF TAMPA BAY INC.**

**SECOND:** The date of adoption of the amendment(s) was: 4/20/04

**THIRD:** Adoption of Amendment (CHECK ONE)

The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Merry Bird  
Signature of Chairman, Vice Chairman, President or other officer

Merry Bird

Typed or printed name

President

Title

4/20/04

Date