


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90096 025 \*\*\*\*61.25

**DOCUMENT # N97000002053**  
 1. Entity Name  
**SHILOH COVENANT FELLOWSHIP OF TAMPA BAY INC.**



Principal Place of Business      Mailing Address  
**8660 INDIAN RIDGE TRAIL**      **P.O. BOX 90874**  
**LAKELAND, FL 33809-33810**      **LAKELAND, FL 33804**

**00011426**



02012005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BIRD-MERRY-**  
**8660 INDIAN RIDGE TRAIL**  
**LAKELAND, FL 33804**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIRD, MERRY 8660 INDIAN RIDGE TRAIL LAKELAND, FL <del>33809</del> 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BIRD, LANCE 8660 INDIAN RIDGE TRAIL LAKELAND, FL <del>33809</del> 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAU, SUSAN 5013 S MACDILL AVE APT 2 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CORYELL, Nanci 4516 BALLAST POINT BLVD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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      February 2, 2005      (863) 853-5109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #