5/17/01-91362-032-$70.00-$70.00
* 8/20/01-90070-030-$66.28-$66.28

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002541

1. Entity Name

THE SHILOH MISSIONARY BAPTIST CHURCH OF PAHOKEE

FILED
02 APR 11 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
187 W 5TH ST PAHOKEE FL 33476	P.O. BOX 223 PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

65-1140230

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 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, LARRY 170 W 5TH ST PAHOKEE FL 33476	Name: White, Larry Street Address (P.O. Box Number is Not Acceptable) P.O. Box 223 168 W. Marten Luther King Blvd City: Pahokee FL Zip Code: 33476

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.

SIGNATURE: Rev. Larry White DATE: 7/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 After September 12, 2001, min. will be $236.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO GOVAN, JEROME 8888 SEVILLE ST PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CADE, MYRTICE 1508 JORDAN BLVD PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EVERETT, ROBBIE 331 E 2ND ST PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITE, LARRY REV 170 W 5TH ST PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, FLINT 618 SW 11TH ST BELLE GLADE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 01 8

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****236.25 ****236.25

CR2E037 (5/01)

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: [illegible] REQUIRED 7-22-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-3-02