

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90003 037 ****61.25

DOCUMENT # N97000002541	
1. Entity Name THE SHILOH MISSIONARY BAPTIST CHURCH OF PAHOKEE FLORIDA, INC.	

Principal Place of Business 187 W 5TH ST PAHOKEE, FL 33476	Mailing Address P.O. BOX 223 PAHOKEE, FL 33476
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24085464



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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08272004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 65-1140230	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, LARRY 168 W. MARTIN LUTHER KING BLVD. PAHOKEE, FL 33476	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
CD GOVAN, JEROME 8888 SEVILLE ST PAHOKEE, FL 33476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T CADE, MYRTICE 1508 JORDAN BLVD PAHOKEE, FL 33476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S EVERETT, ROBBIE 331 E 2ND ST PAHOKEE, FL 33476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P WHITE, LARRY REV 170 W 5TH ST PAHOKEE, FL 33476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D SCOTT, FLINT 616 SW 11TH ST BELLE GLADE, FL 33476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D LAWS, CHARLIE 1112 GRANDVIEW CIRCLE WEST PALM BEACH, FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **9/12/04** **561-261-0702**
Date Daytime Phone #