

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706526

Entity Name: SHILOH BAPTIST CHURCH, INC.**Current Principal Place of Business:**343 D STREET
LAKE WALES, FL 33853**Current Mailing Address:**P.O. BOX 1649
LAKE WALES, FL 33859 US**FEI Number:** 05-0042322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROOME, SR, KARRY L
200 SERENITY LOOP
APARTMENT 102
LAKE WALES, FL 33859 US*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**Officer/Director Detail :**

Title	CDEA
Name	HARDY, BRUCE W
Address	1713 TERRY CIRCLE N.E.
City-State-Zip:	WINTER HAVEN FL 33881

Title	TR
Name	RICHARDS, CASSANDRA
Address	P.O. BOX 1561
City-State-Zip:	LAKE WALES FL 33859

Title	TR
Name	CHRISTIAN, CORY
Address	1495 BUCKEYE LOOP ROAD
City-State-Zip:	WINTER HAVEN FL 33881

Title	PASTOR
Name	STOUDEMIRE, ANDRE'
Address	1453 GRAND CAYMAN CIRCLE
City-State-Zip:	WINTER HAVEN FL 33881

Title	TR
Name	BROOME, SR., KARRY
Address	200 SERENITY LOOP APARTMENT 102
City-State-Zip:	LAKE WALES FL 33859

I hereby 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 all other like empowered.

SIGNATURE: KARRY L. BROOME, SR.**OFFICER****01/28/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date