

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90019 005 ****61.25

DOCUMENT # 701869

1. Entity Name
**SHILOH MISSIONARY BAPTIST CHURCH OF
KISSIMMEE, INC.**



Principal Place of Business
**604 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741**

Mailing Address
**POST OFFICE BOX 422487
KISSIMMEE, FL 34742-2487**

40035020



2. Principal Place of Business - No P.O. Box *

604 N. John Young Parkway
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 422487
Suite, Apt. #, etc.

01122007 Chg-NP CR2E037 (12/06)

City & State

Kissimmee, Fl.

Zip

34741

Country

OSceola

City & State

Kissimmee, Fl.

Zip

34742

Country

OSceola

4. FEI Number
59-3315669

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKER, REMER JR.
2654 MILL BLVD
KISSIMMEE, FL 34744**

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

Remer Baker Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/09/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **SD** ☐ Delete
NAME **MCGEE, ROBERT JR.**
STREET ADDRESS **902 PALM AVE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **D** ☐ Delete
NAME **WHITEHURST, LEON**
STREET ADDRESS **2729 PEGGY DR**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **CC** ☐ Delete
NAME **GIBBONS, ARCHIE JR.**
STREET ADDRESS **610 LEE ST**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **T** ☐ Delete
NAME **BAKER, REMER JR**
STREET ADDRESS **2654 MILL BLVD**
CITY-ST-ZIP **KISSIMMEE, FL 34749**

TITLE **D** ☐ Delete
NAME **MCCALL, CLEVELAND**
STREET ADDRESS **702 PERSON ST**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert McGee Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/07

Date

407-846-4878

Daytime Phone #