

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

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**



05012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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*

05/1/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MC GEE, ROBERT JR
STREET ADDRESS	902 PALM AVE
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D
NAME	WHITEHURST, LEON
STREET ADDRESS	2729 PEGGY DR
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	CC
NAME	GIBBONS, ARCHIE JR.
STREET ADDRESS	610 LEE ST
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	T
NAME	BAKER, REMER JR
STREET ADDRESS	2654 MILL BLVD
CITY-ST-ZIP	KISSIMMEE, FL 34749
TITLE	D
NAME	MCCALL, CLEVELAND
STREET ADDRESS	702 PERSON ST
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/02/08-80016-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/1/08

DATE

Daytime Phone