

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 13, 2000 8:00 am
Secretary of State

05-24-2000 90068 015 ****61.25

DOCUMENT # 705548
 1. Entity Name
SHILOH MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
 893 NW 28TH AVE 893 NW 28TH AVE
 FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311-6655

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
59-1708801 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BARNES, CHARLES
 1029 N.W. 10TH AVE
 FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
 Name **BACON HENRY JR IDA Permenter**
 Street Address (P.O. Box Number is Not Acceptable) **3354 N.W. 17 CT 2344 N.W. 13 CT Ft. Lauderdale FL 33311**
 City **Ft. Lauderdale** FL Zip Code **33311**

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 **IDA Permenter** DATE

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	
TITLE	TCT <input type="checkbox"/> Delete
NAME	BACON, HENRY JR
STREET ADDRESS	3354 N.W. 17 CT
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	SD <input type="checkbox"/> Delete
NAME	TAYLOR, SHARON
STREET ADDRESS	841 SW 39 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	TD <input type="checkbox"/> Delete
NAME	BARNES, CHARLES
STREET ADDRESS	1029 N.W. 10TH AVENUE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greaves, Mae B.
STREET ADDRESS	3721 N.W. 3 ST.
CITY-ST-ZIP	Ft. Laud. Fl. 33311
TITLE	IDA Permenter <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDA Permenter
STREET ADDRESS	2344 N.W. 13 CT
CITY-ST-ZIP	Ft. Lauderdale FL
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Jenkins
STREET ADDRESS	940 N.W. 33 WAY
CITY-ST-ZIP	Ft. Lauderdale FL 33310
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 **IDA Permenter** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #

CR2E037 (9/99)