

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90005 037 ****70.00

DOCUMENT # 705548

1. Entity Name

SHILOH MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

893 NW 28TH AVE.
 FORT LAUDERDALE FL 33311

Mailing Address

P. O. BOX 8571
 FORT LAUDERDALE FL 33310

04011964



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1708801

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERMANTE, IDA
 2344 NW 13TH COURT
 FORT LAUDERDALE FL 33311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	TD	<input type="checkbox"/> Delete
NAME	PERMENTES, IDA	
STREET ADDRESS	2344 NW 13TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARR, ALMA	
STREET ADDRESS	4291 NW 19TH STREET, #3	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNES, CHARLES	
STREET ADDRESS	1031 NW 10TH TERR.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JESSIE	
STREET ADDRESS	1006 NW 14 ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, PATRICIA A	
STREET ADDRESS	1616 NW 8TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D-Vice President	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	1604 NW 11TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Jenkins	
STREET ADDRESS	940 N.W. 33rd Way	
CITY-ST-ZIP	Fort Lauderdale, FL 33311	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daphne Taylor-Rockett	
STREET ADDRESS	3388 N.W. 22nd Street	
CITY-ST-ZIP	Lauderdale Lakes, FL 33311	
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

1/17/04

954-584-9750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #