


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90016 036 ****61.25

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



Principal Place of Business Mailing Address
893 NW 28TH AVE. FORT LAUDERDALE FL 33311 **P. O. BOX 8571 FORT LAUDERDALE FL 33310**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-1708801** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
BARNES, CHARLES E
1031 NW 10 TERRACE
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
 Name: **IDA PERMENTER**
 Street Address (P.O. Box number is not acceptable): **2344 NW 13th Street**
 City: **Ft. Lauderdale** FL Zip Code: **33312**

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: *Ida Permenter* DATE: **4/2/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS \$61.25
Due By May 1, 2008

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	PDT	<input checked="" 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	TAYLOR-ROCKETT, DAPHNE	
STREET ADDRESS	3388 NW 22ND STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JENKINS, SANDRA	
STREET ADDRESS	940 NW 33RD WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VPD	<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		<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		
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 exemptions contained in Section 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: *Ida Permenter* DATE: **4/2/08**