

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **705548**

1. Entity Name

SHILOH MISSIONARY BAPTIST CHURCH, INC

FILED

03 NOV -5 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

893 N.W. 28th AVE.

3. Mailing Address

P.O. BOX 8571

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FLORIDA

City & State

FORT LAUDERDALE, FLORIDA

4. FEI Number

59-1708801

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33310

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

IDA PERMENTER

Street Address (P.O. Box Number is Not Acceptable)

2344 N.W. 13th CT.

City

FORT LAUDERDALE

FL

Zip Code

33311

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 **T/D**
NAME **TREASURER**
IDA PERMENTER
STREET ADDRESS **2344 N.W. 13th COURT**
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300024459523
11/06/03--01001--005 **70.00

TITLE **D**
NAME **SECRETARY**
ALMA CARR
STREET ADDRESS **4291 N.W. 19th STREET #3**
CITY-ST-ZIP **LAUDERHILL, FL. 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **PRESIDENT**
CHARLES BARNES
STREET ADDRESS **1031 N.W. 10th TERR.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE **D**
NAME **JESSIE THOMAS**
STREET ADDRESS **1006 N.W. 14th STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **PATRICIA A BELL**
STREET ADDRESS **1616 N.W. 8th AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **CHARLES SMITH**
STREET ADDRESS **1604 N.W. 11th COURT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE
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 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

11/3/03 954) 584-9750

Date

Daytime Phone #

CR2E037B (12/01)

653
TITLE - D

NAME DAPHNE TAYLOR-ROCKETT
STREET ADDRESS 3388 N.W. 22ND STREET
CITY - ST. ZIP LAUDERDALE LAKES, FL. 33311

CONTACT PERSON

ALMA CARR

HM # 954-530-1435

DAYTIME # 754-246-6567
