

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706526

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SHILOH BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

343 D STREET  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1649  
LAKE WALES, FL 33859 US

**New Mailing Address:**

FEI Number: 05-0042322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HICKS, SAMMIE L  
401 E 7 AVE APT 1402  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

HICKS, SAMMIE L  
401 E 7 AVE  
APT 1402  
TAMPA, FL 33602 US

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:

03/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: WELLS, DWAYNE L REV  
Address: 7214 THOMAS JEFFERSON CR WEST  
City-St-Zip: BARTOW, FL 33830

Title: V ( ) Delete  
Name: HICKS, SAMMIE L  
Address: 401 E 7TH AVE APT 1402  
City-St-Zip: TAMPA, FL 33602 US

Title: S ( ) Delete  
Name: RICHARDS, CASSANDRA  
Address: 2350 FRIEDLANDER ROAD  
City-St-Zip: LAKE WALES, FL 33898 US

Title: TD ( ) Delete  
Name: CHRISTIAN, CORY  
Address: 277 CHERRY LAUREL LANE  
City-St-Zip: WINTER HAVEN, FL 338801222

Title: BM ( ) Delete  
Name: MITCHELL, AL  
Address: 1606 LEWIS GRIFFIN RD  
City-St-Zip: LAKE WALES, FL

Title: BM ( ) Delete  
Name: ANDERSON, KENNETH  
Address: 4821 WALES ST.  
City-St-Zip: LAKE WALES, FL 33859

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D HICKS SR

BM

03/19/2009

Electronic Signature of Signing Officer or Director

Date