

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708566 (5)

1. Corporation Name
SHILOH MISSIONARY BAPTIST CHURCH OF MULBERRY FLO RIDA, INC.



Principal Place of Business
**2370 - 3RD STREET
MULBERRY FL 33860**

Mailing Address
**2370 - 3RD STREET
MULBERRY FL 33860**

3. Date Incorporated or Qualified
03/02/1965

3a. Date of Last Report
04/12/1995

4. FEI Number
05-0062424

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip

24 Country

9. Name and Address of Current Registered Agent
**PARKS, JOHN PAUL
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, W. C.	
STREET ADDRESS	1975 AVENUE C	
CITY - ST - ZIP	MULBERRY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LETHA	
STREET ADDRESS	2370 - 3RD STREET	
CITY - ST - ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, W. C.	
STREET ADDRESS	1975 AVENUE C	
CITY - ST - ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROGER	
STREET ADDRESS	2370 3RD ST.	
CITY - ST - ZIP	MULBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Gallon	
1.3 STREET ADDRESS	Old Highway 60W	
1.4 CITY - ST - ZIP	Mulberry, FL 33860	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Letha Williams* *Richard Williams* 4/25/96 941-425-7238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)