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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 708566

1. Corporation Name

**SHILOH MISSIONARY BAPTIST CHURCH OF MULBERRY FLO
 RIDA, INC.**

Principal Place of Business

Mailing Address

2370 - 3RD STREET
 MULBERRY FL 33860

2370 - 3RD STREET
 MULBERRY FL 33860

* 4 6 5 9 3 6
 465936 - 90051 - 49 6 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/02/1965

22 City & State

27 City & State

4. FEI Number
 05-0062424

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKS, JOHN PAUL
 5300 SOUTH FLORIDA AVENUE
 LAKELAND FL 33813

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME WILLIAMS, W. C.
 STREET ADDRESS 1975 AVENUE C
 CITY-ST-ZIP MULBERRY FL

1.1 TITLE Deacon D Change Addition
 1.2 NAME Millie Robinson
 1.3 STREET ADDRESS P.O. Box 938
 1.4 CITY-ST-ZIP Mulberry, FL. 33860

TITLE SD DELETE
 NAME WILLIAMS, LETHA
 STREET ADDRESS 2370 - 3RD STREET
 CITY-ST-ZIP MULBERRY FL

2.1 TITLE Trustee T Change Addition
 2.2 NAME Gregory Mitchell
 2.3 STREET ADDRESS 702 5th street
 2.4 CITY-ST-ZIP Mulberry, FL. 33860

TITLE D DELETE
 NAME WILLIAMS, W. C.
 STREET ADDRESS 1975 AVENUE C
 CITY-ST-ZIP MULBERRY FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME WILLIAMS, ROGER
 STREET ADDRESS 2370 3RD ST.
 CITY-ST-ZIP MULBERRY FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

W. C. Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99
 Date

Daytime Phone #

CR2E037 (11/98)