

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

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 708566

1. Entity Name

SHILOH MISSIONARY BAPTIST CHURCH OF MULBERRY FLORIDA, INC.



Principal Place of Business

Mailing Address

2370 - 3RD STREET
 MULBERRY FL 33860

PO BOX 938
 MULBERRY FL 33860



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc

State, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

05-0062424

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, JOHN PAUL
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and date applied to

(NOTE: Registered Agent signature and date with or without)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, W. C.	
STREET ADDRESS	1975 AVENUE C	
CITY-ST-ZIP	MULBERRY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, LETHA	
STREET ADDRESS	PO BOX 1444	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, OMETRIS	
STREET ADDRESS	1975 AVENUE C	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROGER	
STREET ADDRESS	2155 AVENUE B	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MILLER, JAMES T	
STREET ADDRESS	PO BOX 337	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MITCHELL, GREGORY	
STREET ADDRESS	702 5TH ST.	
CITY-ST-ZIP	MULBERRY FL 33860	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U000000228203
 02/25/08-80002-024 61.25

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.

963-425-1210