

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 708968

FILED  
Oct 26, 2009  
Secretary of State

Entity Name: SHILOH BAPTIST ASSOCIATION, INC.

## Current Principal Place of Business:

610 N ALEXANDER STREET  
PLANT CITY, FL 33563 US

## New Principal Place of Business:

## Current Mailing Address:

610 N ALEXANDER STREET  
PLANT CITY, FL 33563 US

## New Mailing Address:

FEI Number: 59-6045844      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MORRIS, DANNY L  
610 N ALEXANDER STREET  
PLANT CITY, FL 33563 US

## Name and Address of New Registered Agent:

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: DANNY L. MORRIS

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROBERTS, WAYNE REV  
Address: 708 W DIXIE ST  
City-St-Zip: PLANT CITY, FL 33563

Title: VP ( ) Delete  
Name: JONES, JIMMY REV  
Address: 13601 WALDEN SHEFFIELD RD  
City-St-Zip: DOVER, FL 33527

Title: D ( ) Delete  
Name: COMBS, GARLAND REV  
Address: 110 N FORBES ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: ST ( ) Delete  
Name: DIAZ, GINNY R MRS  
Address: 5708 HARVEY TEW ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: D ( ) Delete  
Name: ADCOCK, HAZEL J MRS  
Address: 105 WEST MADISON ST  
City-St-Zip: PLANT CITY, FL 33563

Title: P ( ) Delete  
Name: JONES, DAVID REV  
Address: 3212 PINE CLUB DRIVE  
City-St-Zip: PLANT CITY, FL 33566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JONES, JIMMY REV  
Address: 13601 WALDEN SHEFFIELD RD  
City-St-Zip: DOVER, FL 33527

Title: VP (X) Change ( ) Addition  
Name: CLAYTON, WAYNE REV  
Address: 5926 DUBOIS RD  
City-St-Zip: LAKELAND, FL 33811

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

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

Title: D (X) Change ( ) Addition  
Name: ADCOCK, HAZEL J MRS  
Address: 805 COLEMAN DR  
City-St-Zip: PLANT CITY, FL 33563

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: GINNY DIAZ

ST

10/26/2009

Electronic Signature of Signing Officer or Director

Date