## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # 711134 SHAH CHURCH, INC.	4 (7)						
Principal Place of Business Mailing Address						liai sirii araii i	PAN BIRTH BY	(1) <b>3</b> /3/) (100)
132 OVIEDO STREET ST. AUGUSTINE FL 32084 132 OVIEDO STREET ST. AUGUSTINE FL 32084-352			3527					
					3. Date incorporated or Qualified 07/01/1966	Sa. Date	1/31/1 <b>9</b> 9	eport 6
·····	Place of Business	2a. Mailing Address	, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		4. FEI Number NOT APPLICABLE	······	)	oplied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.	. <del></del>			P***1		ot Applicable Additional
22		27			5. Certificate of Status Desired			equired
City & Star	te	City & State			6. Election Campaign Financing	F=1		May Be
23 Zin	Country	28 7:0	Count	n.	Trust Fund Contribution			to Fees
Zip <b>24</b>	Country 25	Zip	30	y	This corporation has liability for Florida Statutes		ay under s No	. 199.032,
24	9. Name and Address of Curre		1001		10. Name and Address of New R			
			8	1 Name			****	
STAPLES	S, MARK		8:	2 Street Add	Iress (P.O. Box Number is Not Accepta	ble)		····
3256 TURTLE CREEK ROAD			L					
ST AUGUSTINE FL 32086				83				
			6	4 City		FL	<b>85</b> Zip	Code
11 Dureuant	to the provisions of Sections 617.05	12 and 617 1508 Florida Statu	tos the abo	ve-named cor	povetion submits this statement for the		benoing i	ts registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was	authorized t	by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	opt the appo	intment as	registered
SIGNATURE	ant rannial with, and accept the obig	gations of, because of 11.0000, 1	orica otator	05.				
	Signature, typed or printed name of registered ag			gent signature requ	lifed when reinstating)	DATE		
12.		ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFF		DIRECTOR Change	Addition
TITLE	STO STAPLES MADE	PIT DEFEIG	1.1 TITLE	1		£	" Cuanda	LI ACCRION
NAME Oxore ( 4 p.pr/200	STAPLES, MARK 3256 TURTLE CREEK RD		1.2 NAMI	1				
STREET ADORESS	ST. AUGUSTINE FL		1.4 CITY	ET ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	2.1 TITLE			[	Change	Addition
NAME	STONE, JOHN	bud re-	2.2 NAM	ì		-	· · •·	
STREET ADDRESS	HASTINGS BLVD			ET ADDRESS				
CITY-ST-ZIP	HASTINGS FL		2. 4 CITY		4.1			
TITLE	PD	☐ DELETE	3.1 TITLE	~~~~		I	Change	Addition
NAME	ROBINSON, B. DON III		3.2 NAM	E				
STREET ADDRESS			3.3 STRE	et adoress				
CITY - ST - ZIP	ST. AUGUSTINE FL		3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			寸	Change	Addition
NAME			4. 2 NAM	NE				
STREET ADDRESS			4.3 STRE	ET ADORESS				
CITY-ST-ZIP		1166.55	4.4 CITY			······································	10	4 3 3 3 1 1 -
TITLE	}	DELETE	5.1 TITLE	1		ı	Change	☐ Addition
NAME			5.2 NAM	, , , , , , , , , , , , , , , , , , ,				
STREET ADDRESS	[		4	et address [				
CITY-S1-ZIP		DELETE	5.4 CITY				Change	Addition
TITLE	Į.	LL DELETE	6.1 TITLE				- Almiño	- Pagaraga

14. I do 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 12 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone # 0001265

**FILED** 

May 23 1997 8:00am

Secretary of State