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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 713044 (6)

1. Corporation Name

SHILOH MISSIONARY BAPTIST CHURCH, INCORPORATED,
OF LAKE PLACID, FLORIDA



Principal Place of Business

Mailing Address

135 PARK ST
LAKE PLACID FL 33852
US

P O BOX 983
LAKE PLACID FL 33862-0983
US

3. Date Incorporated or Qualified
07/07/1967

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2441120

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN, VIVIAN
169 MAIN ST
LAKE PLACID FL 33852

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	TMD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, VIVIAN	
STREET ADDRESS	169 MAIN ST	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MOORE, DEVOTIE, SR.	
STREET ADDRESS	111 LINCOLN STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	MULLIGAN, PHARIS	
STREET ADDRESS	163 MAIN STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBINSON, FRANK, JR.	
STREET ADDRESS	165 PARK STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	HODGES, JOHN, JR.	
STREET ADDRESS	320 E. FIRST STREET	
CITY-ST-ZIP	AVON PARK FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	HOWARD, GEORGE	
STREET ADDRESS	126 ZION ST.	
CITY-ST-ZIP	LAKE PLACID FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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, or on an attachment with an address.

SIGNATURE:

Vivian Griffin Vivian Griffin

1-7-97 (941)465-2127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054127

CP2E037 (9/96)