

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713044 (6)

1. Corporation Name
**SHILOH MISSIONARY BAPTIST CHURCH, INCORPORATED,
 OF LAKE PLACID, FLORIDA**



Principal Place of Business 135 PARK ST LAKE PLACID FL 33852 US	Mailing Address P O BOX 983 LAKE PLACID FL 33852 US
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3. Date Incorporated or Qualified 07/07/1967		
4. FEI Number 59-2441120	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

GRIFFIN, VIVIAN
169 MAIN ST
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 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* **SIGNATURE REQUIRED** *Vivian Griffin 1-20-98*

CR2E037 (10/97)