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NONPROFIT CORPORATION ANNUAL REPORT 1999

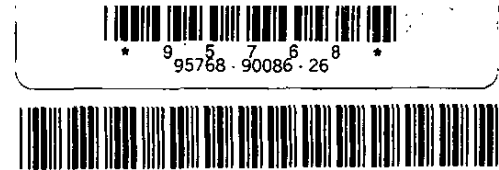


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 713044

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 33852 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/07/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2441120	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		29		30	

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			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TMD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, VIVIAN	1.2 NAME	
STREET ADDRESS	169 MAIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DEVOTIE, SR.	2.2 NAME	
STREET ADDRESS	111 LINCOLN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, PHARIS	3.2 NAME	
STREET ADDRESS	163 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, FRANK, JR.	4.2 NAME	
STREET ADDRESS	165 PARK STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	4.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, JOHN, JR.	5.2 NAME	
STREET ADDRESS	320 E. FIRST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, GEORGE	6.2 NAME	
STREET ADDRESS	126 ZION ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	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, with all other like empowered.

SIGNATURE: [Signature] DATE: 1-7-99 DAYTIME PHONE #: (941)4165-2127

CR2E037 (1/98)