

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90039 017 ****61.25

DOCUMENT # 713044

1. Entity Name

SHILOH MISSIONARY BAPTIST CHURCH, INCORPORATED,

Principal Place of Business

135 PARK ST
 LAKE PLACID FL 33852
 US

Mailing Address

P O BOX 983
 LAKE PLACID FL 33852
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2441120

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIFFIN, VIVIAN
169 MAIN ST
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SHULTZ, LEONARD	
STREET ADDRESS	400 POLK AVE	
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	CS	<input type="checkbox"/> Delete
NAME	ROBINSON, FRANK, JR.	
STREET ADDRESS	105 PARK ST	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Vivian Griffin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-01 (863) 465-6909
 Date Daytime Phone #

CR2E037 (10/00)