


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-09-2005 90031 046 ****61.25

DOCUMENT # 713044

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

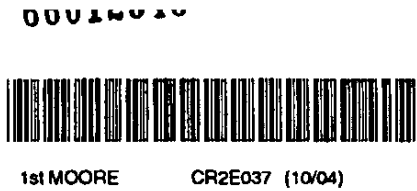


Principal Place of Business 135 PARK ST LAKE PLACID FL 33852 US	Mailing Address P O BOX 983 LAKE PLACID FL 33852 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-2441120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



5. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW: FEE IS \$81.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TMD NAME: GRIFFIN, VIVIAN STREET ADDRESS: 169 MAIN ST CITY-ST-ZIP: LAKE PLACID FL	<input type="checkbox"/> Delete
C NAME: SHULTZ, LEONARD STREET ADDRESS: 400 POLK AVE CITY-ST-ZIP: LAKE PLACID FL	<input type="checkbox"/> Delete
MD NAME: MULLIGAN, PHARIS STREET ADDRESS: 163 MAIN STREET CITY-ST-ZIP: LAKE PLACID FL	<input type="checkbox"/> Delete
CS NAME: ROBINSON, FRANK, JR. STREET ADDRESS: 105 PARK ST CITY-ST-ZIP: LAKE PLACID FL	<input type="checkbox"/> Delete
M NAME: HODGES, JOHN, JR. STREET ADDRESS: 320 E. FIRST STREET CITY-ST-ZIP: AVON PARK FL	<input type="checkbox"/> Delete
MD NAME: HOWARD, GEORGE STREET ADDRESS: 126 ZION ST. CITY-ST-ZIP: LAKE PLACID FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 G. Griffin* _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR