## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 29, 2006 8:00 am Secretary of State DOCUMENT # 713044 1. Entity Name 08-29-2006 90061 011 \*\*\*\*61.25 SHILOH MISSIONARY BAPTIST CHURCH, INCORPORATED, OF LAKE PLACID, FLORIDA Principal Place of Business Mailing Address 135 PARK ST LAKE PLACID FL 33852 P O BOX 983 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address 135 E. A. Smith Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) Applied For City & State 4. FEI Number City & State 59-2441120 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, VIVIAN Street Address (P.O. Box Number is Not Acceptable) 169 MAIN ST LAKE PLACID FL 33852 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) NAME AND THE STREET WAS A STREET Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TMD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIFFIN, VIVIAN NAME NAME 169 MAIN ST STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition SHULTZ, LEONARD NAME NAME 400 POLK AVE STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY-ST-ZIP CITY-ST-ZIP MD TITLE ☐ Defete HÍLĒ ☐ Change Addition NAME MULLIGAN, PHARIS NAME 163 MAIN STREET STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete THE Change ☐ Addition ROBINSON, FRANK, JR. NAME NAME 105 PARK ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition HODGES, JOHN, JR. NAME 320 E. FIRST STREET STREET ADDRESS STREET ADDRESS AVON PARK FL CITY-ST-ZIP CITY-ST-ZIP MD TITLE ☐ Defete TITLE ☐ Change ☐ Addition HOWARD, GEORGE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 out rustee 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.

NAME

STREET ADDRESS

CITY - ST - ZIP

**SIGNATURE:** 

126 ZION ST.

LAKE PLACID FL

NAME

STREET ADDRESS

8/25/04

**FILED** 

(863) 840-0481