

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

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90061 011 ****61.25



DOCUMENT # 713044
1. Entity 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 **135 E. A. Smith Ave.** 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/06)

City & State City & State

4. FEI Number **59-2441120** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW - FEE IS \$81.25
Due By September 6, 2006**

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

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

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 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* 8/25/06 (863) 840-0481