


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # 713044 1. Entity Name SHILOH MISSIONARY BAPTIST CHURCH, INCORPORATED, OF LAKE PLACID, FLORIDA	
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Principal Place of Business 135 E.A. SMITH AVE 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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRIFFIN, VIVIAN 169 MAIN ST LAKE PLACID FL 33852	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 is required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TMD GRIFFIN, VIVIAN <input type="checkbox"/> Delete	TITLE	000000872503 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/10/08-80040-014 61.25
NAME	GRIFFIN, VIVIAN	NAME	
STREET ADDRESS	169 MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULTZ, LEONARD	NAME	
STREET ADDRESS	400 POLK AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, PHARIS	NAME	
STREET ADDRESS	163 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, FRANK, JR.	NAME	
STREET ADDRESS	105 PARK ST	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, JOHN, JR.	NAME	
STREET ADDRESS	320 E. FIRST STREET	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, GEORGE	NAME	
STREET ADDRESS	126 ZION ST.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* *Vivian Griffin* 3/25/08 (863)840-0481