

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713044

FILED
Aug 15, 2009
Secretary of State

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

Current Principal Place of Business:

135 E.A. SMITH AVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 983
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-2441120 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIFFIN, VIVIAN
169 MAIN ST
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

GRIFFIN, VIVIAN
169 VISION STREET
LAKE PLACID, FL 33852 US

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:

Electronic Signature of Registered Agent

08/15/2009

Date

OFFICERS AND DIRECTORS:

Title: TMD () Delete
Name: GRIFFIN, VIVIAN
Address: 169 MAIN ST
City-St-Zip: LAKE PLACID, FL

Title: C () Delete
Name: SHULTZ, LEONARD
Address: 400 POLK AVE
City-St-Zip: LAKE PLACID, FL

Title: MD () Delete
Name: MULLIGAN, PHARIS
Address: 163 MAIN STREET
City-St-Zip: LAKE PLACID, FL

Title: CS () Delete
Name: ROBINSON, FRANK, JR.
Address: 105 PARK ST
City-St-Zip: LAKE PLACID, FL

Title: M () Delete
Name: HODGES, JOHN, JR.
Address: 320 E. FIRST STREET
City-St-Zip: AVON PARK, FL

Title: MD () Delete
Name: HOWARD, GEORGE
Address: 126 ZION ST.
City-St-Zip: LAKE PLACID, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TMD (X) Change () Addition
Name: GRIFFIN, VIVIAN
Address: 169 VISION STREET
City-St-Zip: LAKE PLACID, FL

Title: C (X) Change () Addition
Name: SHOLTZ, LEONARD
Address: 400 POLK AVE
City-St-Zip: LAKE PLACID, FL

Title: MD (X) Change () Addition
Name: MULLIGAN, PHARIS
Address: 163 VISION STREET
City-St-Zip: LAKE PLACID, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN GRIFFIN

Electronic Signature of Signing Officer or Director

TMD

08/15/2009

Date