

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 735060

1. Entity Name

SHILOH APOSTOLIC FAITH CHURCH, INC.



Principal Place of Business

3035 OLD ST. AUGUSTINE RD.
TALLAHASSEE, FL 32311

Mailing Address

3035 OLD ST. AUGUSTINE RD.
TALLAHASSEE, FL 32311

FILED
04 OCT -4 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302004 No Chg-NP

CR2E037 (10/03)

Tk

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4. FEI Number

54-1669431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, EDITH W
2725 N. SANDALWOOD DR.
TALLAHASSEE, FL 32310

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

400041569524

10/04/04--01035--001 **\$61.25

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HALL, EDITH W
STREET ADDRESS	2725 N. SANDALWOOD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	VPT
NAME	HENDERSON, ETHEL R
STREET ADDRESS	3035-B OLD ST. AUGUSTINE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	DT
NAME	HENDERSON, ALPHA O
STREET ADDRESS	4878 OLD ST. AUGUSTINE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	TT
NAME	HILLS, CASSANDRA
STREET ADDRESS	2051 LITTLE RIVER LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	ST
NAME	HALL, TWANA E
STREET ADDRESS	2725 N. SANDALWOOD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	DT
NAME	HALL, CLEOTHA A
STREET ADDRESS	2725 N. SANDALWOOD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32305

**DO NOT WRITE
IN THIS SPACE**

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:

Twana E. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-245-1508
Daytime Phone #