


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90012 046 ****61.25

DOCUMENT # 735060 1. Entity Name SHILOH APOSTOLIC FAITH CHURCH, INC.	
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Principal Place of Business 3035 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32311	Mailing Address 3035 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32311
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-1669431	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 HALL, EDITH W 2725 N. SANDALWOOD DR. TALLAHASSEE, FL 32310
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HALL, EDITH W 2725 N. SANDALWOOD DR. TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HENDERSON, ETHEL R 3035-B OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENDERSON, ALPHA O 4878 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT HILLS, CASSANDRA 2051 LITTLE RIVER LANE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALL, TWANA E 2725 N. SANDALWOOD DR. TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALL, CLEOTHA A 2725 N. SANDALWOOD DR. TALLAHASSEE, FL 32305

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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: <i>Thane E. Hall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>2-2-05</i> <small>Date</small>	<i>(850) 245-1508</i> <small>Daytime Phone #</small>
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