


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

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90003 001 \*\*\*\*61.25

<b>DOCUMENT # 736884</b>					
1. Entity Name <b>HOPE OF SHILOH COMMUNITY CHURCH, INC.</b>					
Principal Place of Business <b>3910 E CONOVER STREET TAMPA FL 33610 US</b>			Mailing Address <b>3910 E CONOVER STREET TAMPA FL 33610 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3397547</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AUSTIN, DOYLE L 4213 E ELLICOTT TAMPA FL 33610</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Doyle L. Austin</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>14 Feb 06</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENN, ROBERT ELDER			NAME	
STREET ADDRESS	1045 STANDING REED PL			STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33545			CITY-ST-ZIP	
TITLE	CT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, DOYLE L			NAME	
STREET ADDRESS	4213 E ELLIOTT ST			STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610			CITY-ST-ZIP	
TITLE	CT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, CHESTER			NAME	<i>Chester Copeland</i>
STREET ADDRESS	3613 E ELLIOTT ST			STREET ADDRESS	<i>10461 Bloomfield Hills Drive</i>
CITY-ST-ZIP	TAMPA FL 33610			CITY-ST-ZIP	<i>Tampa, Florida 33584</i>
TITLE	TT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, VERLION H			NAME	
STREET ADDRESS	5108 19TH STREET			STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610			CITY-ST-ZIP	
TITLE	TT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, OSCAR			NAME	
STREET ADDRESS	9706 COMMODORE DR.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33584			CITY-ST-ZIP	
TITLE	TC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, JOHN C SR			NAME	
STREET ADDRESS	4018 W FIG STREET			STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609			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: *Verlion H. Jordan* 2/17/06 (813) 238-5602