

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 040 ****61.25

DOCUMENT # 736884
 1. Entity Name
HOPE OF SHILOH COMMUNITY CHURCH, INC.



Principal Place of Business Mailing Address
3910 E CONOVER STREET **3910 E CONOVER STREET**
TAMPA FL 33610 **TAMPA FL 33610**
US **US**



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3397547 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AUSTIN, DOYLE L
4213 E ELLICOTT
TAMPA FL 33610

7. Name and Address of New Registered Agent
 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 required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	BENN, ROBERT ELDER	
STREET ADDRESS	1045 STANDING REED PL	
CITY ST ZIP	WESLEY CHAPEL FL 33545	
TITLE	CT	<input type="checkbox"/> Delete
NAME	AUSTIN, DOYLE L	
STREET ADDRESS	4213 E ELLIOTT ST	
CITY ST ZIP	TAMPA FL 33610	
TITLE	CT	<input type="checkbox"/> Delete
NAME	COPELAND, CHESTER	
STREET ADDRESS	10461 BLOOMFIELD HILLS DR	
CITY ST ZIP	SEFFNER FL 33584	
TITLE	TT	<input type="checkbox"/> Delete
NAME	JORDAN, VERLION H	
STREET ADDRESS	5108 19TH STREET	
CITY ST ZIP	TAMPA FL 33610	
TITLE	TT	<input type="checkbox"/> Delete
NAME	JOHNSON, OSCAR	
STREET ADDRESS	9706 COMMODORE DR.	
CITY ST ZIP	TAMPA FL 33584	
TITLE	TC	<input type="checkbox"/> Delete
NAME	WISE, JOHN C SR	
STREET ADDRESS	4018 W FIG STREET	
CITY ST ZIP	TAMPA FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Date: 2-1-07 Daytime Phone #: (813) 238-5602