


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90018 029 \*\*\*\*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**



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

1st MOORE      CR2E037 (10/07)

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>C</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Meredith Judson</b>           |  |
| STREET ADDRESS | <b>8102 Sheldon Road apt 205</b> |  |
| CITY-ST-ZIP    | <b>Tampa, FL 33615</b>           |  |
| 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           |                                  |  |
| STREET ADDRESS |                                  |  |
| 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*      **2/12/08**