

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009
CORPORATION
ANNUAL
REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -5 AM 7:53

DOCUMENT # 736884

1. Corporation Name

Hope of Shiloh Community Church, Inc.

300156846053
06/05/09--01004--025 **61.25

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

3910 East Conover Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip

33610

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1976

5. FEI Number
59-3397547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Doyle L. Austin

Street Address (P.O. Box Number is Not Acceptable)
4213 E. Ellicott Street

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33610

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Doyle L. Austin

REGISTERED AGENT MUST SIGN

Date 02 JUN 09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Elder Robert Benn	1045 Standing Reed Place	Wesley Chapel, FL 33547
C/T	Doyle Austin	4213 E. Ellicott Street	Tampa, FL 33610
C/T	Chester Copeland	3613 E. Ellicott Street	Tampa, FL 33610
T/T	Verlion Jordan	5108 19th Street	Tampa, FL 33610
T	John Wise, Sr.	4010 W. Fig Street	Tampa, FL 33609

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Verlion H. Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-09
Date

(813) 238-5602
Daytime Phone #