


2010 NOT FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 15 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/09)

DOCUMENT # 736884

1. Corporation Name

Hope Of Shiloh Community Church, Inc.

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

3910 East Conover St.

Suite, Apt. #, etc.

3. Mailing Office Address

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 East 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 09 Mar 10

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 PL	Wesley Chapel, FL33547
C/T	Doyle Austin	4213 E. Ellicott St.	Tampa, FL 33610
C/T	Chester Copeland	10461 Bloomfield Hills Drive	Seffner, FL 33584
T/T	Verlion Jordan	5108 19th St.	Tampa, FL 33610
T	John Wise, Sr.	4010 W. Fig St.	Tampa, FL 33609
			<i>XC 3/17</i>

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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

3/9/2010

Date

(813) 238-5602

Daytime Phone #