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

Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # 744149** 1. Entity Name 04-26-2006 90173 010 ****61.25 SHILOH BAPTIST CHURCH INC., OF CHIPLEY, **FLORIDA** Principal Place of Business Mailing Address 1976 SHILOH LANE CHIPLEY FL 32428 1976 SHILOH LANE CHIPLEY FL 32428 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1502137 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTON, DENNIS Street Address (P.O. Box Number is Not Acceptable) 3379 PATE POND RD VERNON FL 32462 Zip Code 8. The above named epith 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 egisteled agent. 4-12-06 DATE SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition PATTON, DENNIS NAME NAME Patton, Dennis 3379 PATE POND RD STREET ADDRESS STREET ADDRESS 3379 Pate Pond Rd. VERNON FL 32462 CITY-ST-ZIP CITY-ST-ZIP Vernon FL 32462 **X**☐ Change TITLE ☐ Delete TITLE ☐ Addition BROWN, H. L. NAME NAME Brown, H. L. 3707 HOLMES VALLEY RD STREET ADDRESS STREET ADDRESS 3707 Holmes Valley Rd. VERNON FL 32462 CITY-ST-ZIP CITY-ST-ZIP Vernon FL 32462 TITLE ☐ Delete Change ☐ Addition TITLE NAME SMALLEY, JAMES NAME Smalley, James STREET ADDRESS 944 CAROL CT STREET ADDRESS CITY-ST-Z(P CHIPLEY FL 32428 CITY-ST-ZIP 944 Carol Ct. Chipley FL 32428 ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 officer or director of the corporation or the eceiver 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:

FILED

4-12-06 8.50 5357734