2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 747445

Entity Name: SHILOH MISSIONARY BAPTIST CHURCH OF GREEN COVE SPRINGS, FLORIDA, INC.

Current Principal Place of Business:

1055 STATE ROAD 226
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

1055 STATE ROAD 226
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-1974447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARTER, ROBIN
5305 LIONSDEN DR.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PHILLIPS, LOUIS E
Address: 3619 HARBOR ROAD
City-St-Zip: GREEN COVE SPRINGS, FL

Title: STD ( ) Delete
Name: SWARTHOUT, CYNTHIA
Address: 395 CASSIA ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD ( ) Delete
Name: CERCY, JAMES C
Address: 3816 FLOYD ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: CARNEY, TIMOTHY
Address: 5373 SWEAT RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA SWARTHOUT STD 04/30/2008

Electronic Signature of Signing Officer or Director — Date