

F23000004406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

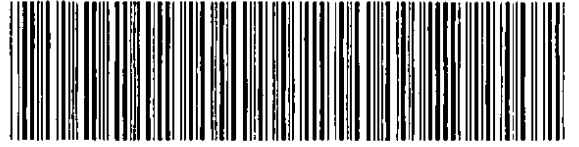
(Business Entity Name)

(Document Number)

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CORPORATE SERVICES

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shiloh Military Ministries  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Lanny J Groves  
Name of Person

Shiloh Military Ministries  
Firm/Company

PO Box 102  
Address

Woodlawn, TN 37191  
City/State and Zip Code

lanny.groves@shilohmm.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lanny J Groves at (931) 458-0003  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee       \$78.75 Filing Fee & Certificate of Status       \$78.75 Filing Fee & Certified Copy       \$87.50 Filing Fee, Certificate of Status & Certified Copy

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Elliot Pernula  
 Vice Chairman Address: 1126 Montclair Dr  
 Director Hinesville, GA 31313  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Lanny J Groves  
 Vice Chairman Address: 2930 Dotsonville Rd  
 Director Clarksville, TN 37042  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Adam Davis  
 Vice Chairman Address: 425 Deepwood Trail  
 Director Clarksville, TN 37042  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Bob Fritzman  
 Vice Chairman Address: 1960 J Madison St  
 Director STE #311  
 President Clarksville, TN 37043  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Tim Crawley  
 Vice Chairman Address: 91-073 Parish Dr  
 Director Ewa Beach, HI 96706  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: board member  Other: \_\_\_\_\_

Chairman Name: ~~Charlie Hill~~ *Ac*  
 Vice Chairman Address: ~~4991 Moore Hollow Rd~~  
 Director ~~Woodlawn, TN 37194~~  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: board member  Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. \_\_\_\_\_  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lanny J Groves, President  
 (Typed or printed name and capacity of person signing application)



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**LANNY J GROVES**  
2930 DOTSONVILLE RD  
CLARKSVILLE, TN 37042

June 1, 2023

**Request Type: Certificate of Existence/Authorization**  
Request #: 0532527

Issuance Date: 06/01/2023  
Copies Requested: 1

**Document Receipt**

Receipt #: 008148781 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3852199222 \$20.00

**Regarding: Shiloh Military Ministries**  
Filing Type: Nonprofit Corporation - Domestic Control #: 1195918  
Formation/Qualification Date: 05/01/2021 Date Formed: 05/03/2021  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County: MONTGOMERY COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Shiloh Military Ministries**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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