2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000007165

1. Entity Name

THE SHILOH SPIRITUAL CENTER, INC.



FILED Feb 27, 2008 08:00 AM Secretary of State

Principal Place of Business

105 SANDPIPER BLVD. ST. AUGUSTINE, FL 32080

Mailing Address

105 SANDPIPER BLVD. ST. AUGUSTINE, FL 32080



01132008 No Chg-NP

CR2E037 (4/06)

| 4. | FEI Number |
|----|------------|
| | 59-3681120 |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVER, SHEREE 105 SANDPIPER BLVD. ST ALIGHSTINE EL 32090

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| 01. A00001NE, 12 02000 | | | | IN THIS SPACE | | |
|---------------------------------------|--|--|----------------|--------------------------------|---|----|
| | named entity submits this statement for the ions of registered agent. | purpose of changing its registered | office or r | egistered agent, or b | ooth, in the State of Florida. I am familiar with, and acce | ot |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | e if applicable (NOTE: Registered A | gent signature | required when reinstating) | DATE | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financi Frust Fund Contribution. | ng 🗆 | \$5.00 May Be Added to Fees | 000000841894 03/11/08-80005-025 61.25 | |
| 10. | OFFICERS AND DIRE | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SILVER, SHEREE 105 SANDPIPER BLVD. ST. AUGUSTINE, FL 32080 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, JACK 105 SANDPIPER BLVD. ST. AUGUSTINE, FL 32080 | | | | | |
| TITLE NAME STREET ADDRESS | D CASTIGLIA, SAM 105 SANDPIPER BLVD. | | | D.C | NOT WOITE | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST. AUGUSTINE, FL 32080