

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000000927

1. Entity Name
SECOND SHILOH MISSIONARY BAPTIST CHURCH, INC.



FILED

07 AUG 13 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2150 WEST AIRPORT BLVD
SANFORD, FL 32771

Mailing Address
P.O BOX 847
SANFORD, FL 32772-0847



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3082809

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, MARVIN
2371 CENTER ST
SANFORD, FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME O'NEAL, VICTOR
STREET ADDRESS 178 DREW AVE
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☒ Change ☐ Addition
NAME O'Neal, Victor
STREET ADDRESS 108 Brew Ave.
CITY-ST-ZIP Sanford FL 32771

TITLE D ☐ Delete
NAME ANDERSON, EARTHA
STREET ADDRESS 2231 W 20TH ST
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Change ☒ Addition
NAME Leonard, Zanetta
STREET ADDRESS 4305 Logan Heights Circle
CITY-ST-ZIP Sanford FL 32773

TITLE D ☐ Delete
NAME SANDERS, VICTORIA
STREET ADDRESS 1814 KNOX AVE
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Change ☒ Addition
NAME Gilchrist, Brenda
STREET ADDRESS 2017 McCarthy Ave
CITY-ST-ZIP Sanford FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Charlie Collier
STREET ADDRESS 1302 Pixie Way
CITY-ST-ZIP Sanford FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Wendward Huggins
STREET ADDRESS 115 Scott Drive
CITY-ST-ZIP Sanford FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-1-07 / (407)-435-4478

600102456386
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