

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003021

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** SHILOH CHURCH OF CHRIST WRITTEN IN HEAVEN INC.

**Current Principal Place of Business:**

61 COX ROAD  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 801  
GRETNA, FL 32332

**New Mailing Address:**

**FEI Number:** 50-0003524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOLLOMAN, LEE HORACE  
24 PARK ST.  
GRETNA, FL 32332 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: D ( ) Delete  
Name: HOLLOMAN, LEE HORACE  
Address: PO BOX 281  
City-St-Zip: GRETN, FL 32332

Title: D ( ) Delete  
Name: HOLLOMAN, MARY LEE  
Address: PO BOX 281  
City-St-Zip: GRETN, FL 32332

Title: D ( ) Delete  
Name: BROWN, HORACE  
Address: 1726 MT. PLEASANT RD.  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: MATHEWS, ANTHONY  
Address: 1920 MT. PLEASANT RD.  
City-St-Zip: QUINCY, FL 32351

**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: LEE HORACE HOLLOMAN

D

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date