

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003021

FILED
May 09, 2008
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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 HORCE HOLLOMAN

MR

05/09/2008

Electronic Signature of Signing Officer or Director

Date