


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006852 1. Entity Name NEW SHILOH PRIMITIVE BAPTIST CHURCH, INC.	
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Principal Place of Business 2810 22ND AVE SOUTH ST PETERSBURG FL 33712	Mailing Address 2810 22ND AVE SOUTH ST PETERSBURG FL 33712
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3718765	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MURDOCK, RAYMOND 2741 18TH ST SOUTH ST PETERSBURG FL 33712	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 NAME	CD WARE, AL <input type="checkbox"/> Delete 2810 22ND AVE S SAINT PETERSBURG FL 33712	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;"> U000000685208 02/26/04-80006-002 61.25 </div>
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
TITLE NAME	VCD MURDOCK, RAY <input type="checkbox"/> Delete 2741 18TH STREET S SAINT PETERSBURG FL 33712	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
TITLE NAME	SD BELL, KATRINA <input type="checkbox"/> Delete 2460 MELROSE AVE S SAINT PETERSBURG FL 33712	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
TITLE NAME	D STRIGGLES, ALVIN <input type="checkbox"/> Delete 853-54TH AVE S SAINT PETERSBURG FL 33712	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
TITLE NAME	D WILLIAMS, TOMMIE <input type="checkbox"/> Delete 949-21ST STREET S SAINT PETERSBURG FL 33712	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
TITLE NAME	D BAKER, CHARLES <input type="checkbox"/> Delete 2263-7TH AVE S SAINT PETERSBURG FL 33712	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Al Ware **AL WARE** 2-1-04 727-445-4866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #