


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 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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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3718765	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURDOCK, RAYMOND 2741 18TH ST SOUTH ST PETERSBURG, FL 33712
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WARE, AL 2810 22ND AVE S SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD MURDOCK, RAY 2741 18TH STREET S SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BELL, KATRINA 2460 MELROSE AVE S SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRIGGLES, ALVIN 853-54TH AVE S SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, TOMMIE 949-21ST STREET S SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, CHARLES 2263-7TH AVE S SAINT PETERSBURG, FL 33712

**DO NOT WRITE
IN THIS SPACE**

011120050194425
01/25/05-80101-021 61.25

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 or other like empowered.

SIGNATURE:  **1-11-05** **(727) 415-4866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #