
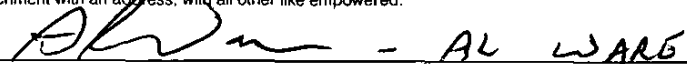


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90035 044 ****61.25

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| DOCUMENT # N01000006852 | | | |  | |
| 1. Entity Name NEW SHILOH PRIMITIVE BAPTIST CHURCH, INC. | | | | | |
| Principal Place of Business 2810 22ND AVE SOUTH ST PETERSBURG, FL 33712 | | | Mailing Address 2810 22ND AVE SOUTH ST PETERSBURG, FL 33712 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MURDOCK, RAYMOND 2741 18TH ST SOUTH ST PETERSBURG, FL 33712 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | FL |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | CD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WARE, AL | | NAME | | |
| STREET ADDRESS | 2810 22ND AVE S | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 | | CITY-ST-ZIP | | |
| TITLE | VCD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MURDOCK, RAY | | NAME | | |
| STREET ADDRESS | 2741 18TH STREET S | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BELL, KATRINA | | NAME | | |
| STREET ADDRESS | 2460 MELROSE AVE S | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STRIGGLES, ALVIN | | NAME | | |
| STREET ADDRESS | 853-54TH AVE S | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILLIAMS, TOMMIE | | NAME | | |
| STREET ADDRESS | 949-21ST STREET S | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BAKER, CHARLES | | NAME | | |
| STREET ADDRESS | 2263-7TH AVE S | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 | | 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:  | | Date: 3/21/06 | | Daytime Phone #: (941) 327-2386 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

ATTACHMENT

50005381



*New Shiloh Primitive Baptist Church
2810-22nd Avenue South
St. Petersburg, Fl. 33712
Elder Al Ware, Pastor*

March 21, 2006

DOCUMENT NUMBER N01000006852

ENTITY NAME- NEW SHILOH PRIMITIVE BAPTIST CHURCH

BOARD OF DIRECTORS

ELDER AL WARE (C)
2810-22ND AVENUE SOUTH
ST. PETERSBURG, FL. 33712

DEACON RAY MURDOCK (VC)
2741-18TH STREET SOUTH
ST. PETERSBURG, FL. 33712

KATINA BELL (S)
2460-MELROSE AVENUE SOUTH
ST. PETERSBURG, FL. 33712

DEACON ALVIN STRIGGLES (D)
853-54TH AVENUE SOUTH
ST. PETERSBURG, FL. 33705

CLAUDINE SEALS (D)
3650-38TH AVENUE SOUTH # 69
ST. PETERSBURG, FL. 33711

DEACON CHARLES BAKER(D)
2810-22ND AVENUE SOUTH
ST. PETERSBURG, FL. 33712

AUTRA HALL (D)
5310-1ST AVENUE SOUTH
ST. PETERSBURG, FL. 33707

DEACON WILLIE WILLIAMS(D)
2810-22ND AVENUE SOUTH
ST. PETERSBURG, FL. 33712

JOHNNYE FRANKLIN (D)
4201-1ST AVENUE SOUTH
ST. PETERSBURG, FL. 33711

ELDER AL WARE
PASTOR
CHAIRMAN BOARD OF DIRECTORS