


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N01000006852</b> 1. Entity Name <b>NEW SHILOH PRIMITIVE BAPTIST CHURCH, INC.</b>	
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Principal Place of Business <b>2810 22ND AVE SOUTH</b> <b>ST PETERSBURG, FL 33712</b>	Mailing Address <b>2810 22ND AVE SOUTH</b> <b>ST PETERSBURG, FL 33712</b>
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**DO NOT WRITE IN THIS SPACE**



02102007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**MURDOCK, RAYMOND**  
**2741 18TH ST SOUTH**  
**ST PETERSBURG, FL 33712**

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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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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 BAKER, CHARLES 2263-7TH AVE S SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000636191  
 02/26/07-80007-003 61.25

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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: AL WARE  2/11/07 727-415-4866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #