

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90026 014 ****70.00

DOCUMENT # N01000007771 1. Entity Name SILOAM CHRISTIAN FELLOWSHIP, INC.					
Principal Place of Business 1923 OAKMONT DR JACKSONVILLE, FL 32211			Mailing Address 1923 OAKMONT DR JACKSONVILLE, FL 32211		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3752796	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WRIGHT, BERNARD C SR 1923 OAKMONT DR JACKSONVILLE, FL 32211				Name Michael A Williams Street Address (P.O. Box Number is Not Acceptable) 3511 Raymur Villas Dr City Jacksonville FL Zip Code 32277	
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 <i>Michael Williams</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 8-17-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, BERNARD C SR 1923 OAKMONT DR JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Williams, Michael A 3511 Raymur Villas Dr. Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WRIGHT, PEARLINDA L 1923 OAKMONT DR JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID Vicki Brooks 12671 Hickory Lakes Dr S. Jacksonville, FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, DEBORAH 3114 JUSTINA RD #6 JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michael Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8/17/04 Daytime Phone # 904-745-0151		