2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008715

FILED Jan 04, 2005 Secretary of State

Entity Name: SHILOH CHRISTIAN DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	VERSITY BLVD RNE, FL 32901			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	VERSITY BLVD RNE, FL 32901			
El Number	: 59-3413647 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired	()	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
155 E UNI	, JACKIE REV VERSITY BLVD RNE, FL 32901 US			
The above n the State	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, o	r both,	
SIGNATU	₹ E:			
SIGNATUI	RE:Electronic Signature of Registered /	Agent Date		
SIGNATUI Officer :		Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS	
OFFICER: Title: Jame: Address:	Electronic Signature of Registered		ECTORS	
DFFICER: itle: lame: lddress: city-St-Zip: itle: lame: lddress:	Electronic Signature of Registered A S AND DIRECTORS: V () Delete GORDON, HAYWOOD 747 SEYMOUR RD NE	ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Address:	ECTORS	
	Electronic Signature of Registered // S AND DIRECTORS: V () Delete GORDON, HAYWOOD 747 SEYMOUR RD NE MELBOURNE, FL 32901 S () Delete GORDON, LASHAUNDA D 1542 QUINN DRIVE	ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	ECTORS	
DFFICER: itle: lame: kddress: city-St-Zip: itle: lame: kddress: city-St-Zip: itle: lame: kddress:	Electronic Signature of Registered / S AND DIRECTORS: V () Delete GORDON, HAYWOOD 747 SEYMOUR RD NE MELBOURNE, FL 32901 S () Delete GORDON, LASHAUNDA D 1542 QUINN DRIVE ROCKLEDGE, FL 32955 D (X) Delete SMITH, BEN 1161 SAPULPA RD SW	ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:	ECTORS	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN D. GORDON PD 01/04/2005