2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008715

FILED Jan 31, 2006 Secretary of State

Entity Name: SHILOH CHRISTIAN DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business: New Principal Place of Business: 155 E UNIVERSITY BLVD MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** 155 E UNIVERSITY BLVD MELBOURNE, FL 32901 FEI 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: GORDON, JACKIE BISHOP GORDON, JACKIE REV 155 E UNIVERSITY BLVD 155 E UNIVERSITY BLVD MELBOURNE, FL 32901 US US MELBOURNE, FL 32901 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. SIGNATURE: BISHOP JACQUELYN D. GORDON 01/31/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GORDON, HAYWOOD Name: Name: 747 SEYMOUR RD NE Address: Address: MELBOURNE, FL 32901 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition GORDON, LASHAUNDA D Name: Name: Address: 1542 QUINN DRIVE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: (X) Delete Title: () Change () Addition MARSHALL, JOHNNIE Name: Name: 2880 POMELLO RD Address: Address: City-St-Zip: MALABAR, FL 32901 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: GORDON, JACQUELYN D Name: 747 SEYMOUR RD NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 01/31/2006