2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008715

FILED Jan 11, 2008 Secretary of State

Entity Name: SHILOH CHRISTIAN DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business: New Principal Place of Business:

155 EAST UNIVERSITY BLVD MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

155 EAST 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 155 EAST UNIVERSITY BLVD MELBOURNE, FL 32901 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP
 () Delete

 Name:
 GORDON, HAYWOOD

 Address:
 4468 HEATON PARK TRAIL

 City-St-Zip:
 ROCKLEDGE, FL 32955

 Title:
 S
 () Delete

 Name:
 MOTA, LASHAUNDA G

 Address:
 4468 HEATON PARK TRAIL

 City-St-Zip:
 ROCKLEDGE, FL 32955

 Title:
 PD
 () Delete

 Name:
 GORDON, JACQUELYN D

 Address:
 4468 HEATON PARK TRAIL

 City-St-Zip:
 ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition

Name: GORDON, HAYWOOD Address: 2081 SIROCO LANE City-St-Zip: MELBOURNE, FL 32940

Title: S (X) Change () Addition

Name: GORDON, LASHAUNDA G Address: 2081 SIROCO LANE City-St-Zip: MELBOURNE, FL 32940

Title: PD (X) Change () Addition

Name: GORDON, JACQUELYN D Address: 2081 SIROCO LANE City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify 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 01/11/2008