2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000774

Entity Name: SHILOH THEATRICAL PRODUCTIONS, INC.

FILED Jan 07, 2005 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
3003 NE IV		515 NW SERENE MEADOW WAY		
JENSEN E	BEACH, FL 34957	PORT ST LUCIE, FL 34986		
Current M	lailing Address:	New Mailing Address:		
3003 NE IVY LANE JENSEN BEACH, FL 34957		515 NW SERENE MEADOW WAY PORT ST LUCIE, FL 34986		
FEI Number	: 74-3027498 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:		
1514 SE P	THOMAS K PORT ST LUCIE BLVD CIE, FL 34952 US			
	named entity submits this statement for the pe of Florida.	rpose of changing its registered office or registered agent, or	r both,	
SIGNATU	RE:			
	Electronic Signature of Registered Age	nt Date		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS	
Title: Name: Address: City-St-Zip:	D () Delete JACKSON, JAMES R 3003 NE IVY LANE JENSEN BEACH, FL 34957	Title: D (X) Change () Addition Name: WILCOX, JUDITH Address: 8909 SE RIVERFRONT TERRACE City-St-Zip: TEQUESTA, FL 33469		
Title: Name: Address: City-St-Zip:	D () Delete DAWSON, MARY 6014 SW MAPP ROAD PALM CITY, FL 34990	Title: D (X) Change () Addition Name: SINGER, SANDRA Address: 515 NW SERENE MEADOW WAY City-St-Zip: PORT ST LUCIE, FL 34986		
Title: Name: Address: City-St-Zip:	D () Delete FARLEY, THOMAS K 1514 SE PORT ST LUCIE BLVD PR ST LUCIE, FL 34952	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () Delete DIERKSON, DENNIS & KAREN 382 NE GULFSTREAM AVE PORT SAINT LUCIE, FL 34983	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () Delete O'CONNOR, MAUREEN 14 EMARITA WAY STUART, FL 34996	Title: D (X) Change () Addition Name: JACKSON, JAMES Address: 3003 NE IVY LANE City-St-Zip: JENSEN BEACH, FL 34957		
Title: Name: Address: City-St-Zip:	D (X) Delete FOLEY, BRIAN & PHYLLI 310 NE TOWNE TERRACE JENSEN BEACH EL 34957	Title: () Change () Addition Name: Address: Citv-St-Zip:		

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: SANDRA SINGER VP 01/07/2005