

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90006 008 ****61.25

DOCUMENT # N02000000774

1. Entity Name
SHILOH THEATRICAL PRODUCTIONS, INC.



Principal Place of Business
3110 SE SLATER STREET
STUART, FL 34997

Mailing Address
P O BOX 2657
STUART, FL 34995

DO NOT WRITE IN THIS SPACE



07122008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
74-3027498

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARLEY, THOMAS K
1514 SE PORT ST LUCIE BLVD
PT ST LUCIE, FL 34952

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	FARLEY, THOMAS K
STREET ADDRESS	1514 SE PORT ST LUCIE BLVD
CITY-ST-ZIP	PT ST LUCIE, FL 34952
TITLE	DIRECTOR
NAME	JACKSON, JAMES
STREET ADDRESS	3008 NE IVY LANE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	TREASURER
NAME	CHRISTOPHER R. MAZZELLA
STREET ADDRESS	4621 SW GLEN ABBEY COURT
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VICE PRESIDENT
NAME	JEANETTE M. MAZZELLA
STREET ADDRESS	4621 SW GLEN ABBEY COURT
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CHRISTOPHER R. MAZZELLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/08

Date

305-986-0809

Daytime Phone #