

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004132

FILED
Apr 30, 2008
Secretary of State

Entity Name: SHILOH MISSIONARY BAPTIST CHURCH OF TAVARES, INC.

Current Principal Place of Business:

223 INGRAHAM AVE.
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 464
TAVARES, FL 32778

New Mailing Address:

FEI Number: 02-0615159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENKINS, JAMES JR
1233 MANIGAULT STREET
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: PATRICK, JIM
Address: PO BOX 1531
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: SMITH, EDGAR
Address: 717 W. TRAFFORD ST.
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: JENKINS, JAMES
Address: 1233 MANIGAULT ST.
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: HICKS, CASSANDRA D
Address: P. O. BOX 1531
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JENKINS, JAMES JR
Address: 1233 MANIGAULT ST.
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDGAR SMITH

T

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date