


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

7/18/2003-90074-010-\$70.00-\$70.00

DOCUMENT # N02000004132
1. Entity Name
SHILOH MISSIONARY BAPTIST CHURCH OF TAVARES, INC.



FILED

03 AUG 13 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ac 8/14

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
223 INGRAHAM AVENUE
Suite, Apt. #, etc.

3. Mailing Address
P. O. BOX 464
Suite, Apt. #, etc.

City & State
TAVARES, FLORIDA

City & State
TAVARES, FLORIDA

Zip
32778

Country
USA

Zip
32778

Country
USA

4. FEI Number **02-0615159**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **JAMES JENKINS, JR.**

Street Address (P.O. Box Number is Not Acceptable)
1233 MANIGAULT STREET

City **TAVARES, FL** Zip Code **32778**

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 *James Jenkins, Jr.* DATE **11TH AUGUST 03**

SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when re-registering)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Patrick - Trustee P. O. Box 1531 Tavares, FL 32778	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edgar Smith - Trustee 717 W. Trafford Street Tavares, FL 32778	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cassandra D. Hicks - Secretary P. O. Box 1531 Tavares, FL 32778	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Jenkins - Treasurer 1233 Manigault Street Tavares, FL 32778	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jim Patrick* **JIM PATRICK** 07/10/2003 (352) 343-4262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0378 (12/02)