

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90015 015 \*\*\*\*61.25

<b>DOCUMENT # N02000005763</b> 1. Entity Name <b>SHILOH ADVENTURE, INC.</b>			
Principal Place of Business <b>132 LAS PALMAS MERRITT ISLAND, FL 32953</b>		Mailing Address <b>132 LAS PALMAS MERRITT ISLAND, FL 32953</b>	
2. Principal Place of Business <b>1750 Old Glory Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1750 Old Glory Blvd.</b> Suite, Apt. #, etc.	
City & State <b>Melbourne, FL</b> Zip <b>32940</b> Country		City & State <b>Melbourne, FL</b> Zip <b>32940</b> Country	
4. FEI Number <b>01-0739939</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BRYANT, LAURA 132 LAS PALMAS MERRITT ISLAND, FL 32953</b>		7. Name and Address of New Registered Agent Name <b>Melinda E. Larsen</b> Street Address (P.O. Box Number is Not Acceptable) <b>3220 S. Tropical Trail</b> City <b>Merritt Island</b> <b>FL</b> Zip Code <b>32952</b>	
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 <u>Melinda E. Larsen</u> <u>Melinda E. Larsen, Treasurer</u> <u>3/7/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, LAURA 132 LAS PALMAS MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLARTY, JAN 1435 HAGEN LANE ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAXTON, LINDA 730 OSPREY PLACE MERRITT ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEGERIF, EVERETT J 1525 SOUTH OAKS DRIVE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, JACKIE 702 DAMEK TERRACE SW PALM BAY, FL 32908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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)(i), 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.			
<b>SIGNATURE: Melinda E. Larsen</b> <b>Melinda E. Larsen, Treasurer</b> <b>3/7/04</b> <b>454-9413</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			