

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005763

FILED
Feb 08, 2006
Secretary of State

Entity Name: SHILOH ADVENTURE, INC.

Current Principal Place of Business:

3220 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

PO BOX 74
COCOA, FL 32923

New Mailing Address:

FEI Number: 01-0739939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSEN, MELINDA
3220 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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: CD () Delete
Name: BRYANT, LAURA
Address: 132 LAS PALMAS
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD () Delete
Name: LARSEN, MELINDA E
Address: 3220 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: PAXTON, LINDA
Address: 730 OSPREY PLACE
City-St-Zip: MERRITT ISLAND, FL

Title: D () Delete
Name: WEGERIF, EVERETT J
Address: 1525 SOUTH OAKS DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: GEIGER, LARRY
Address: 2729 BURKE CT
City-St-Zip: COCOA, FL 32926

Title: D (X) Delete
Name: PARZEK, ALICE
Address: 570 BELAIR AVE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: PAUL, ELLEN
Address: 998 WOODSMERE CR.
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: D (X) Change () Addition
Name: GATES, RICHARD
Address: 138 LAS PALMAS
City-St-Zip: MERRITT ISLAND, FL 32953

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

Title: ED (X) Change () Addition
Name: PARZEK, ALICE
Address: 570 BELAIR AVE
City-St-Zip: MERRITT ISLAND, FL 32953

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MELINDA E LARSEN

TD

02/08/2006

Electronic Signature of Signing Officer or Director

Date