

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005763

FILED
Mar 19, 2009
Secretary of State

Entity Name: SHILOH ADVENTURE, INC.

Current Principal Place of Business:

1123 WOODSMERE PARKWAY
ROCKLEDGE, FL 32955

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:

BROWN, DOUG
1123 WOODSMERE PARKWAY
ROCKLEDGE, FL 32955 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: ED () Delete
Name: PARZEK, ALICE
Address: 570 BEL AIR
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 32952

Title: D (X) Delete
Name: LARSEN, HOWARD
Address: 3220 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Delete
Name: BROWN, DOUG
Address: 1123 WOODSMERE PKWY
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: ROGERS, DORRINE
Address: 1145 MONTEGO BAY DR
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWN, DOUG
Address: 1123 WOODSMERE PKWY
City-St-Zip: ROCKLEDGE, FL 32955

Title: ED (X) Change () Addition
Name: LARSEN, HOWARD
Address: 3220 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

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

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: DOUGLAS BROWN

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date