

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005763

FILED
Mar 10, 2010
Secretary of State

Entity Name: SHILOH ADVENTURE, INC.

Current Principal Place of Business:

1123 WOODSMERE PARKWAY
ROCKLEDGE, FL 32955

New Principal Place of Business:

3220 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952

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:

LARSEN, MELINDA E
3220 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

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: MELINDA E LARSEN

03/10/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BARBER, CHRISTINE
Address: 2600 NEWFOUND HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32952

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

Title: SD
Name: JARVIS, AMANDA
Address: 2745 KNOX MCRAE DR
City-St-Zip: TITUSVILLE, FL 32780

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

Title: D
Name: CLARKE, TOM
Address: 2095 MONA CT
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby 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 all other like empowered.

SIGNATURE: MELINDA E LARSEN

TD

03/10/2010

Electronic Signature of Signing Officer or Director

Date