2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007443

1. Entity Name
SHILOH WORSHIP CENTER, INC

Principal Place of Business	Mailing Address
2266 14TH AVENUE VERO BEACH, FL 32961 US	P.O. BOX 956 VERO BEACH, FL 32961 US

01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0856639
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSON, NATHAN W
2604 IROQUOIS AVENUE
FORT PIERCE, FL 34946

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETERSON, NATHAN
STREET ADDRESS	2604 IROQUOIS AVENUE
CITY-ST-ZIP	FT PIERCE, FL 34946
TITLE	VD
NAME	HOLMES, DAPHNE
STREET ADDRESS	5976 20TH STREET, APT. 141
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	T
NAME	HARRINTON, JUANITA
STREET ADDRESS	2375 42ND PLACE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	PETERSON, ZELDA
STREET ADDRESS	2604 IROQUOIS AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	S
NAME	HUTCHINSON, JACQUELINE
STREET ADDRESS	406 13TH PLACE SW
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80020-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: JACQUELINE HUTCHINSON Jacqueline Hutchinson 1/8/08 772-563-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #