

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90058 031 \*\*\*\*70.00

<b>DOCUMENT # N03000005675</b>					
<b>1. Entity Name</b> SHILOH CHURCH, INC.					
<b>Principal Place of Business</b> 799 WESTLINE AVE DELTONA, FL 32725			<b>Mailing Address</b> 799 WESTLINE AVE DELTONA, FL 32725		
<b>2. Principal Place of Business</b> 980 Lakeshore Dr.		<b>3. Mailing Address</b> PO Box 5225			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Deltona FL		<b>City &amp; State</b> Deltona, FL		<b>4. FEI Number</b> 33-1060871	
<b>Zip</b> 32725		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  DOUVILLE, FRED 799 WESTLINE AVE DELTONA, FL 32725			<b>7. Name and Address of New Registered Agent</b> Name: FRED DOUVILLE Street Address (P.O. Box Number is Not Acceptable): 2931 ITHACA CT City: COCOA FL Zip Code: 32926		
<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.</b> SIGNATURE:  DATE: 4/1/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	COED DOUVILLE, FRED 799 WESTLINE AVE DELTONA, FL 32725 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD BARBIERI, TROY 799 WESTLINE AVE DELTONA, FL 32725 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Larry Peterson 22310 Orange Blossom Ln Eustis, FL 32736 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD BARBIERI, DEANNA 799 WESTLINE AVE DELTONA, FL 32725 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Serree Peterson 22310 Orange Blossom Ln Eustis, FL 32736 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SOOS, JERRY 5627 TELIPA DR S ORLANDO, FL 32839 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SOOS, APRIL 5627 TELIPA DR ORLANDO, FL 32839 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, SEREE 22310 ORANGE BL SM LN EUSTIS, FL 32736 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>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>					
<b>SIGNATURE:</b>		4/1/04 321-433-0804			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			