

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90027 012 ****70.00

DOCUMENT # N03000009869					
1. Entity Name SHILOAH MINISTRIES, INC.					
Principal Place of Business -17643 BOCAIRE WAY BOCA RATON, FL 33487			Mailing Address -17643 BOCAIRE WAY BOCA RATON, FL 33487-		
<i>moved Sept 23 2005</i>					
2. Principal Place of Business 509 RIVIERA Drive		3. Mailing Address 509 RIVIERA Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State McKinney, Texas		City & State McKinney, Texas			
Zip 75070		Country Collin		Zip 75070	
Country Collin		4. FEI Number 54-2133951			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOOIBROEK, JOSEPH 17643 BOCAIRE WAY BOCA RATON, FL 33487					
7. Name and Address of New Registered Agent -Name <u>REBECCA L. Mc Donough, CPA</u> Street Address (P.O. Box Number is Not Acceptable) c/o AHEARN & JASCO COMPANY 190 Southeast 19th Ave City <u>POMPANO BEACH</u> , <u>FL</u> <u>33060</u>					
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 <u>Rebecca Mc Donough CPA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1-17-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP <input type="checkbox"/> Delete MOOIBROEK, JOSEPH 17643 BOCAIRE WAY BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input type="checkbox"/> Delete MOOIBROEK, MARLA B 17643 BOCAIRE WAY BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete REYMOND, ROBERT L PHD 5748 NE 16TH AVE FORT LAUDERDALE, FL 33334				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete TIEJE, CHARLES 621 SE 11TH ST POMPANO BEACH, FL 33060				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 509 RIVIERA Drive McKinney, Texas 75070				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 509 RIVIERA Drive McKinney, Texas 75070				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	spelling <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TIEDJE, CHARLES P				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Rebecca Mc Donough CPA</u> <u>PHD</u> <u>Jan 10, 2006</u> <u>469 952-2332</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					