

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90015 049 ****61.25

DOCUMENT # N03000009869

1. Entity Name
SHILOAH MINISTRIES, INC.



Principal Place of Business
**509 RIVERA DR
MC KINNEY, TX 75070**

Mailing Address
**509 RIVERA DR
MC KINNEY, TX 75070**

40079270



DO NOT WRITE IN THIS SPACE

04052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
54-2133951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDONOUGH, REBECCA L CPA
C/O AHEARN & JASCO COMPANY
190 SE 19TH AVE
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	MOOIBROEK, JOSEPH
STREET ADDRESS	509 RIVERA DR
CITY-ST-ZIP	MC KINNEY, TX 75070
TITLE	VT
NAME	MOOIBROEK, MARLA B
STREET ADDRESS	509 RIVERA R (Riviera Dr.)
CITY-ST-ZIP	MC KINNEY, TX 75070
TITLE	D
NAME	REYMOND, ROBERT L PHD
STREET ADDRESS	5748 NE 16TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	D
NAME	TIEDJE, CHARLES P
STREET ADDRESS	621 SE 11TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2007 469-952-2332