

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90310 049 \*\*\*\*61.25

**DOCUMENT # N04000005461**

1. Entity Name

**SILOAM LOVE HOUSE CORP.**



Principal Place of Business

**806 AUNT POLLY PLACE  
CRESTVIEW FL 32536**

Mailing Address

**806 AUNT POLLY PLACE  
CRESTVIEW FL 32536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-380 1175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STULTZ, JAMES S  
806 AUNT POLLY PLACE  
CRESTVIEW FL 32536**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **LEE, GWANG I**  
STREET ADDRESS **806 AUNT POLLY PLACE**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **AD** ☐ Delete  
NAME **STULTZ, JAMES R**  
STREET ADDRESS **503 D CHINAS LOVE**  
CITY-ST-ZIP **FT. WALTON BCH FL 32547**

TITLE **D** ☐ Delete  
NAME **SCHINDELHEIM, UNCHU**  
STREET ADDRESS **3575 HEARTWOOD LANE**  
CITY-ST-ZIP **MELBOURNE FL 32536**

TITLE **D** ☒ Delete  
NAME **ELDER, UNHUI**  
STREET ADDRESS **159 SEYLER DR.**  
CITY-ST-ZIP **PETERSBURG VA 23805**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition  
NAME **STULTZ, Hye Sun**  
STREET ADDRESS **806 Aunt Polly Place**  
CITY-ST-ZIP **Crestview, FL 32536**

TITLE **T** ☒ Change ☐ Addition  
NAME **STULTZ, JAMES R.**  
STREET ADDRESS **5030 Chinas Cove**  
CITY-ST-ZIP **Ft Walton Beach, FL 32547**

TITLE **M** ☐ Change ☒ Addition  
NAME **STULTZ, JAMES S.**  
STREET ADDRESS **806 Aunt Polly Place**  
CITY-ST-ZIP **Crestview, FL 32536**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Hye Sun Stultz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**16 April 2005 850/683-5242**

Date

Daytime Phone #