2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N04000005461

1. Entity Name
SILOAM MISSION LOVE HOUSE CORP.

Principal Place of Business	Mailing Address
806 AUNT POLLY PLACE CRESTVIEW, FL 32536	806 AUNT POLLY PLACE CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

03172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
04-3801175
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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	P
NAME	STULTZ, HYE SUN
STREET ADDRESS	806 AUNT POLLY PLACE
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	T
NAME	STULTZ, JAMES R
STREET ADDRESS	503 D CHINAS LOVE
CITY-ST-ZIP	FT. WALTON BCH, FL 32547
TITLE	D
NAME	SCHINDELHEIM, UNCHU
STREET ADDRESS	3575 HEARTWOOD LANE
CITY-ST-ZIP	MELBOURNE, FL 32536
TITLE	MGR
NAME	STULTZ, JAMES S
STREET ADDRESS	806 AUNT POLLY PLACE
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Hye Sun Stultz HYE SUN STULTZ 16 April 2007 850/683-5242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #