2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N04000005461

Entity Name: SILOAM MISSION LOVE HOUSE CORP.

Current Principal Place of Business:

806 AUNT POLLY PLACE
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

806 AUNT POLLY PLACE
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 04-3801175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STULTZ, HYE SUN
Address: 806 AUNT POLLY PLACE
City-St-Zip: CRESTVIEW, FL 32536

Title: T ( ) Delete
Name: STULTZ, JAMES R
Address: 503 D CHINAS LOVE
City-St-Zip: FT. WALTON BCH, FL 32547

Title: D ( ) Delete
Name: SCHINDELHEIM, UNCHU
Address: 3575 HEARTWOOD LANE
City-St-Zip: MELBOURNE, FL 32536

Title: MGR ( ) Delete
Name: STULTZ, JAMES S
Address: 806 AUNT POLLY PLACE
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. STULTZ RA 04/26/2009

Electronic Signature of Signing Officer or Director — Date