

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005581

FILED  
Aug 11, 2008  
Secretary of State

**Entity Name:** SHILOH COMPASSION OUTREACH MINISTRIES INCORPORATED

**Current Principal Place of Business:**

359 WEST 62 STREET  
JACKSONVILLE, FL 32208 US

**New Principal Place of Business:**

**Current Mailing Address:**

17 WAGON WHEEL PLACE  
PALM COAST, FL 32164 US

**New Mailing Address:**

**FEI Number:** 57-0817121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STUPPARD, WINDSOR B  
17 WAGON WHEEL PLACE  
PALM COAST, FL 32164 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: STUPPARD, WINDSOR B  
Address: 17 WAGON WHEEL PLACE  
City-St-Zip: PALM COAST, FL 32164 US

Title: T ( ) Delete  
Name: STUPPARD, GLORIA E  
Address: 17 WAGON WHEEL PLACE  
City-St-Zip: PALM COAST, FL 32164 US

Title: VP ( ) Delete  
Name: STUPPARD, EMEM B  
Address: 1144 CASTLEWOOD TERRACE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D ( ) Delete  
Name: STUPPARD, CARLO J  
Address: 1560 RANDOLP STREET  
City-St-Zip: DELTONA, FL 32725 US

Title: C ( ) Delete  
Name: ORATOKHAI, MICHAEL E  
Address: 2890 ROCKING HAM CIRCLE  
City-St-Zip: ORLANDO, FL 32808 US

Title: S ( ) Delete  
Name: STUPPARD, ISLANDE N  
Address: 1560 RANDOLP STREET  
City-St-Zip: DELTONA, FL 32725 US

**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:

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: WINDSOR STUPPARD

P

08/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date