

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007188

FILED
Apr 14, 2009
Secretary of State

Entity Name: SHILOH INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

2354 CHEROKEE COVE TRAIL
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61432
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 71-0970528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURENT, PIERRE A
2354 CHEROKEE COVE TRAIL
JACKSONVILLE, FL 32221 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: LAURENT, PIERRE A
Address: 2354 CHEROKEE COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32221

Title: S () Delete
Name: ST HILAIRE, JOSE
Address: 2930 NW 56 AVE APT A103
City-St-Zip: LAUDERHILL, FL 33313

Title: TD () Delete
Name: AUGUSTE, PHIL
Address: 5034 MICHAEL JAY ST
City-St-Zip: SNELLVILLE, GA 30039

Title: DAS () Delete
Name: LAURENT, ANDREE B
Address: 2354 CHEROKEE COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: LAURENT, PIERRE A
Address: 2354 CHEROKEE COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32221

Title: D (X) Change () Addition
Name: ST HILAIRE, JOSE
Address: 2111 NW 109TH AVE
City-St-Zip: SUNRISE, FL 33322

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

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

Title: D () Change (X) Addition
Name: MERCIDIEU, PHILLIPS
Address: 538 WISHPERING BEND
City-St-Zip: LEHIGH ACRES, FL 33971

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: LAURENT PIERRE ANDRE

P/D

04/14/2009

Electronic Signature of Signing Officer or Director

Date