2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N04000007986

Entity Name: SHILOH FAMILY WORSHIP CENTER OF THE PALM BEACHES, INC

Current Principal Place of Business:

2620 N. AUSTRALIAN AVENUE - SUITE 1001
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17498
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 20-1489693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

WILLIAMS, VERNITA C ESQ.
9970 NW 51ST LANE
MIAMI, FL 33178 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:	D	( ) Delete
Name:	GARCIA, TANNYA N	
Address:	4945 PIMLICO CT.	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	PD	( ) Delete
Name:	WRIGHT, ANTOINNE J	
Address:	3470 NW 171ST TERRACE	
City-St-Zip:	MIAMI, FL 33056	
Title:	VD	( ) Delete
Name:	JOHNSON, SYLVESTER JR.	
Address:	11511 NW 15TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	D	( ) Delete
Name:	BYRD, ANNIE C	
Address:	1940 NW 119TH ST., APT. 803	
City-St-Zip:	MIAMI, FL 33167	
Title:	SD	( ) Delete
Name:	BENNETT, ROSALIND	
Address:	719 59 ST	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	JAMES, KEVIN DR.	
Address:	10422 - A53RD COURT NORTH	
City-St-Zip:	JUPITER, FL 33478	

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: ANTOINNE J. WRIGHT PD 05/20/2009
Electronic Signature of Signing Officer or Director — Date