

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90397 031 ****70.00

DOCUMENT # N04000008656 1. Entity Name SHILOH OPEN BIBLE CHURCH, INC.			
Principal Place of Business 3020 56TH ST. SOUTH GULFPORT, FL 33707		Mailing Address 3020 56TH ST. SOUTH GULFPORT, FL 33707	
2. Principal Place of Business 5801 9TH A.S.		3. Mailing Address 3020 56TH ST. So.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Gulfport FL		City & State Gulfport, FL	
Zip 33707		Zip 33707	
Country Pinellas		Country Pinellas	
4. FEI Number 20-1505792		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04122005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent DILIP PATEL, P.A. 2963 GULF TO BAY BLVD., SUITE 208 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 DILIP PATEL, P.A.		DATE 4/15/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete POLLARD, JOHN 3020 56TH ST. SOUTH GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete RODE, JANE 465 7TH AVE. NORTH ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete RAGHOO, CLARENCE 5305 15TH AVE. SOUTH GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Reg. John J. Patel		DATE 4-15-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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