


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008824	
1. Entity Name SHILOH PENTECOSTAL HOLINESS CHURCH MINISTRIES, INC	

Principal Place of Business 413 PENNSYLVANIA ROCKLEDGE, FL 32935	Mailing Address P O BOX 8173 COCOA, FL 32924
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DO NOT WRITE IN THIS SPACE



05202006 No Chg-NP CRZE037 (4/06)

4. FEI Number 36-4560984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOODS, JAMES CHARLES PASTOR 1140 GROVE AVE COCOA, FL 32922
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE **05/24/06-80006-002 61.25**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**00000566003
05/24/06-80006-001 8.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, JAMES CHARLES PASTOR 1140 GROVE AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODS, CYNTHIA 2820 S W SUN CT PT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, BRENDA 499 LINCOLN AVENUE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James C. Woods **21st MAY 06 321-504-620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone