

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008824

FILED
Jul 15, 2008
Secretary of State

Entity Name: SHILOH PENTECOSTAL HOLINESS CHURCH MINISTRIES, INC

Current Principal Place of Business:

805 N FISKE BLVD
105
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

917 OCASO LN
104
MELBOURNE, FL 32955

New Mailing Address:

FEI Number: 36-4560984 **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:

WOODS, JAMES CHARLES PASTOR
917 N. OCASA
104
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

WOODS, JAMES CHARLES PASTOR
917 OCASO LANE
104
ROCKLEDGE, FL 32955 US

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: JAMES CHARLES WOODS PASTOR

07/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODS, JAMES CHARLES PASTOR
Address: 917 OCASO LN #104
City-St-Zip: ROCKLEDGE, FL 32955

Title: V () Delete
Name: WOODS, CYNTHIA
Address: 2820 S W SUN CT
City-St-Zip: PT ST LUCIE, FL

Title: S () Delete
Name: JORDAN, BRENDA
Address: 499 LINCOLN AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

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:

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: JAMES CHARLES WOODS

P

07/15/2008

Electronic Signature of Signing Officer or Director

Date