

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N05291 (2)**

1. Corporation Name

**SHILOH MISSIONARY BAPTIST CHURCH OF DUNEDIN, INC**



Principal Place of Business

Mailing Address

**C/O LEROY HARDY  
1165 NORTH DOUGLAS AVENUE  
DUNEDIN FL 34698-4988**

**C/O LEROY HARDY  
1165 NORTH DOUGLAS AVENUE  
DUNEDIN FL 34698-4988**

3. Date Incorporated or Qualified

**09/24/1984**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59-2387189**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDY, LEROY  
1165 N. DOUGLAS AVE.  
DUNEDIN FL 34698**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**C  
NAME  
HARDY, LEROY  
STREET ADDRESS  
2403 14TH AVE. SW  
CITY-ST-ZIP  
LARGO FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**CD  
NAME  
MANSFIELD, CLARK  
STREET ADDRESS  
613 N. GREENWOOD AVE.  
CITY-ST-ZIP  
CLEARWATER FL 34615**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TD  
NAME  
EVANS, WALTER C.  
STREET ADDRESS  
611 FAIRMONT  
CITY-ST-ZIP  
CLEARWATER FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**CD  
NAME  
BORDERS, A B  
STREET ADDRESS  
600 PINE ST.  
CITY-ST-ZIP  
SAFETY HARBOR FL 34695**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**CD  
NAME  
NAYLOR, THERMAN  
STREET ADDRESS  
2562 FOREST RUN CT.  
CITY-ST-ZIP  
CLEARWATER FL 34621**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**S  
NAME  
BRYANT, ANN  
STREET ADDRESS  
1800 UNION ST.  
CITY-ST-ZIP  
CLEARWATER FL 34623**

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leroy Hardy*  
**Leroy Hardy**

**4/28/96**

**581-1887**

CR2E037 (12/95)