

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N05291** (2)
1. Corporation Name
SHILOH MISSIONARY BAPTIST CHURCH OF DUNEDIN, INC



Principal Place of Business C/O LEROY HARDY 1165 NORTH DOUGLAS AVENUE DUNEDIN FL 34698-4988	Mailing Address C/O LEROY HARDY 1165 NORTH DOUGLAS AVENUE DUNEDIN FL 34698-4988
---	---

2. Principal Place of Business 21 Shiloh Missionary Baptist Church Suite, Apt. #, etc. 22 1165 N. Douglas Ave. City & State 23 Dunedin, FL Zip 24 34698-4988 Country 25 U.S.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 09/24/1984	3a. Date of Last Report 05/01/1996	4. FEI Number 59-2387189	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HARDY, LEROY 1165 N. DOUGLAS AVE. DUNEDIN FL 34698	10. Name and Address of New Registered Agent 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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, LEROY	1.2 NAME	
STREET ADDRESS	2403 14TH AVE. SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSFIELD, CLARK	2.2 NAME	
STREET ADDRESS	613 N. GREENWOOD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, WALTER C.	3.2 NAME	
STREET ADDRESS	611 FAIRMONT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDERS, A B	4.2 NAME	
STREET ADDRESS	600 PINE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	4.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAYLOR, THERMAN	5.2 NAME	Jimmie McKinney
STREET ADDRESS	2562 FOREST RUN CT.	5.3 STREET ADDRESS	1434 Kings Highway
CITY-ST-ZIP	CLEARWATER FL 34621	5.4 CITY-ST-ZIP	Clearwater, FL 34615
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, ANN	6.2 NAME	
STREET ADDRESS	1800 UNION ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	6.4 CITY-ST-ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)