

SECTION NOTICE: CORPORATION IS ELIGIBLE TO BE DISSOLVED OR REVOKED FOR NON-RENEWAL OF ANNUAL REPORT. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

98 NOV 13 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001088

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

SHILOH MISSIONARY BAPTIST CHURCH
1165 N DOUGLAS AVE
DUNEDIN FL 34698-4988
US

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

3. Date Incorporated or Qualified

09/24/1984

4. FEI Number

59-2387189

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ 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

600002689298-2
-11/17/98-01037-015

84 City

*****61.25 *****81.25

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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CIT Hardy, Leroy
1.3 STREET ADDRESS	2403 14th Ave. S.W.
1.4 CITY-ST-ZIP	Largo, FL 33770

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MANSFIELD, CLARK	
STREET ADDRESS	613 N. GREENWOOD AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CDP Clark, Mansfield
2.3 STREET ADDRESS	613 N. Greenwood Ave.
2.4 CITY-ST-ZIP	Clearwater FL 34615

TITLE	TD	<input type="checkbox"/> DELETE
NAME	EVANS, WALTER C.	
STREET ADDRESS	611 FAIRMONT	
CITY-ST-ZIP	CLEARWATER FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T/D Evans, Walter C.
3.3 STREET ADDRESS	611 Fairmont
3.4 CITY-ST-ZIP	Clearwater, FL 34615

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BORDERS, A B	
STREET ADDRESS	600 PINE ST.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MCKINNEY, JIMMIE	
STREET ADDRESS	1434 KINGS HIGHWAY	
CITY-ST-ZIP	CLEARWATER FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BRYANT, ANN	
STREET ADDRESS	1800 UNION ST.	
CITY-ST-ZIP	CLEARWATER FL 34623	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Leroy Hardy REL Leroy Hardy 9/28/99 813-544-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X-3445

CR2E037 (5/98)