

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05291

FILED
Apr 25, 2006
Secretary of State

Entity Name: SHILOH MISSIONARY BAPTIST CHURCH OF DUNEDIN, INC

Current Principal Place of Business:

SHILOH MISSIONARY BAPTIST CHURCH
1165 N DOUGLAS AVE
DUNEDIN, FL 346984988 US

New Principal Place of Business:

Current Mailing Address:

C/O LEROY HARDY
1165 NORTH DOUGLAS AVENUE
DUNEDIN, FL 346984988 US

New Mailing Address:

FEI Number: 59-2387189 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARDY, LEROY C.T.D.
1165 N. DOUGLAS AVE.
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CTD () Delete
Name: HARDY, LEROY CTD
Address: 2403 14TH AVE. SW
City-St-Zip: LARGO, FL 33770 US

Title: CDT () Delete
Name: MANSFIELD, CLARK CTD
Address: 1713 RIDGEWAY DR.
City-St-Zip: CLEARWATER, FL 33755 US

Title: TD () Delete
Name: EVANS, WALTER C CDT
Address: 611 FAIRMONT
City-St-Zip: CLEARWATER, FL 34615

Title: S () Delete
Name: BRYANT, ANN M S
Address: 3105 DOLE ST.
City-St-Zip: HOLIDAY, FL 34691 US

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: REGINA LAWRENCE

MS.

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date