2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002558

FILED Jan 07, 2008 Secretary of State

Entity Name: SHILOH RESTORATION TABERNACLE, INC.

Current Principal Place of Business: New Principal Place of Business: 902 WEST ROBERTSON STREET BRANDON, FL 33511 **Current Mailing Address: New Mailing Address:** P.O. BOX 1655 BRANDON, FL 33511 FEI Number: 20-4361515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALMON, O'NEIL 9923 WILTSHIRE MANOR DR RIVERVIEW, FL 33569 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SALMON, O'NEIL Name: Name: 9923 WILTSHIRE MANOR DR #203 Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: (X) Change () Addition MURPHY-REID, ENA Name: MURPHY-REID, ENA Name: Address: 6739 BREEZY PALM DRIVE Address: 6739 BREEZY PALM DRIVE City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: (X) Change () Addition SALMON, GEORGIA SALMON, GEORGIA Name: Name: 9923 WILTSHIRE MANOR DRIVE #203 9923 WILTSHIRE MANOR DRIVE #203 Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: () Change () Addition Name: DALTON, WALKER Name: Address: 13711 OGAKOR DRIVE Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition CONSTANCE, SALMON Name: Name: HAYNES, ANNETTE 8416 NORTH RIVER DUNE STREET 3418 PINE TOP DRIVE Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: VALRICO, FL 33594 Title: () Delete Title: () Change (X) Addition MCGRUDER, CYNTHIA Name: Name: Address: Address: 7916 CROTON AVENUE TAMPA, FL 33619 City-St-Zip: 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: O'NEIL SALMON PD 01/07/2008