

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002558

FILED
Mar 19, 2009
Secretary of State

Entity Name: SHILOH RESTORATION TABERNACLE, INC.

Current Principal Place of Business:

902 WEST ROBERTSON STREET
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1655
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-4361515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALMON, O'NEIL
9923 WILTSHIRE MANOR DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

SALMON, O'NEIL
11123 SILVER FERN WAY
RIVERVIEW, FL 33569 US

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: ONEIL SALMON

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALMON, O'NEIL
Address: 9923 WILTSHIRE MANOR DR #203
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: MURPHY-REID, ENA
Address: 6739 BREEZY PALM DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: SALMON, GEORGIA
Address: 9923 WILTSHIRE MANOR DRIVE #203
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: DALTON, WALKER
Address: 13711 OGAKOR DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: HAYNES, ANNETTE
Address: 3418 PINE TOP DRIVE
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: MCGRUDER, CYNTHIA
Address: 7916 CROTON AVENUE
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALMON, O'NEIL
Address: 11123 SILVER FERN WAY
City-St-Zip: RIVERVIEW, FL 33569

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

Title: D (X) Change () Addition
Name: SALMON, GEORGIA
Address: 11123 SILVER FERN WAY
City-St-Zip: RIVERVIEW, FL 33569

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 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: ONEIL SALMON

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date