

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002558

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** SHILOH RESTORATION TABERNACLE, INC.

**Current Principal Place of Business:**

1044 EAST BRANDON BOULEVARD  
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  
11123 SILVER FERN WAY  
RIVERVIEW, FL 33569 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: PD  
Name: SALMON, O'NEIL  
Address: 11123 SILVER FERN WAY  
City-St-Zip: RIVERVIEW, FL 33569

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

Title: D  
Name: SALMON, GEORGIA  
Address: 11123 SILVER FERN WAY  
City-St-Zip: RIVERVIEW, FL 33569

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

Title: TD  
Name: WALKER, BERYL  
Address: 764 ISLETON DRIVE  
City-St-Zip: BRANDON, FL 33511

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

I hereby 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 all other like empowered.

SIGNATURE: ONEIL SALMON

PD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date