

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003679

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: SHILOH NEW BEGININGS "PILLAR OF TRUTH MIN." INC.

**Current Principal Place of Business:**

618 DIRE-DAWA AVE.  
BROOKSVILLE, FL 34601 US

**New Principal Place of Business:**

**Current Mailing Address:**

618 DIRE-DAWA AVE.  
BROOKSVILLE, FL 34601 US

**New Mailing Address:**

FEI Number: 14-1956195      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARK, CLARENCE D SR.  
27199 FERNERY AVE.  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

CLARK, CLARENCE D SR.  
27199 FERNERY AVE.  
BROOKSVILLE, FL 34602 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:

03/08/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CLARK, CLARENCE D SR.  
Address: 27199 FERNERY AVE.  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: CHMN ( ) Delete  
Name: ROBINSON, WILLIAM  
Address: 621 DIRE-DAWA AVE  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: TRES ( ) Delete  
Name: THOMPSON, MARY  
Address: 26005 LAKE LINDSEY RD.  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: FSEC ( ) Delete  
Name: WHITE, BARBARA  
Address: 21359 LINCOLN RD.  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: RSEC ( ) Delete  
Name: ROBINSON, LILLIE  
Address: 621 DIRE-DAWA AVE.  
City-St-Zip: BROOKSVILLE, FL 34601 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: CLARK, CLARENCE D SR.  
Address: 27199 FERNERY AVE.  
City-St-Zip: BROOKSVILLE, FL 34602 US

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: CLARENCE D. CLARK SR.

PRES

03/08/2007

Electronic Signature of Signing Officer or Director

Date