

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003679

FILED
May 12, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARK, CLARENCE D SR.
27199 FERNERY AVE.
BROOKSVILLE, FL 34602 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: PRES () Delete
Name: CLARK, CLARENCE D SR.
Address: 27199 FERNERY AVE.
City-St-Zip: BROOKSVILLE, FL 34602 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: () 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:

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: CLARENCE D. CLARK SR.

Electronic Signature of Signing Officer or Director

PRES

05/12/2009

Date