

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# N08000010963

Entity Name: SHILOH PRIMITIVE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

3099 N. OSPREY AVENUE  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

3099 N. OSPREY AVENUE  
SARASOTA, FL 34234

**New Mailing Address:**

FEI Number: 50-0155066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BROWN, IVY  
3099 N. OSPREY AVENUE  
SARASOTA, FL 34234      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: DP      ( ) Delete  
Name: BROWN, GARY A  
Address: 3099 N. OSPREY AVENUE  
City-St-Zip: SARASOTA, FL 34234

Title: DCD      ( ) Delete  
Name: PHILPOT, THOMAS  
Address: 3099 N. OSPREY AVENUE  
City-St-Zip: SARASOTA, FL 34234

Title: DT      ( ) Delete  
Name: BROWN, IVY  
Address: 3099 N. OSPREY AVENUE  
City-St-Zip: SARASOTA, FL 34234

Title: S      ( ) Delete  
Name: BELL, BETTY  
Address: 3099 N. OSPREY AVENUE  
City-St-Zip: SARASOTA, FL 34234

**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:

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: IVY BROWN

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04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date