

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009812

FILED  
Mar 20, 2011  
Secretary of State

Entity Name: SILOAM MINISTRY INC.

**Current Principal Place of Business:**

5424 CARDER ST.  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

5424 CARDER ST.  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 80-0656127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JULES, PAULA M  
5424 CARDER ST.  
JACKSONVILLE, FL 32205 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: P  
Name: JULES, PAULA M  
Address: 5424 CARDER ST.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: V  
Name: JULES, FRITZ  
Address: 5424 CARDER ST.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: T  
Name: FRANCOIS, KETTY  
Address: 9177 RAPTOR DR.  
City-St-Zip: JACKSONVILLE, FL 32221

Title: S  
Name: JULES, FRANCESCA J  
Address: 5424 CARDER ST.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: T  
Name: BELVAL, YVANNE  
Address: 5197 PINETREE DR.  
City-St-Zip: DELRAY BCH, FL 33484

Title: T  
Name: EMILE, BERTHONA B  
Address: 3940 TYNDALE DR.  
City-St-Zip: JACKSONVILLE, FL 32210

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: PAULA M. JULES

PD

03/20/2011

Electronic Signature of Signing Officer or Director

Date