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FILED
May 24 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16419** (6)

1. Corporation Name

SHILOH BAPTIST CHURCH OF ARCHER, INC.

Principal Place of Business

Mailing Address

1/4 MILE WEST OF SR 241
P.O. BOX 606
ARCHER FL 32618

1/4 MILE WEST OF SR 241
P.O. BOX 606
ARCHER FL 32618

3. Date Incorporated or Qualified

08/19/1986

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

11-0202415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	CRAWFORD, MATTIE	
STREET ADDRESS	1509 HWY. 346	
CITY-ST-ZIP	ARCHER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KYLER, R.E.	
STREET ADDRESS	2818 NW 45TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KYLER BROWN, LILLIAN	
STREET ADDRESS	12614 SW 171 PL #75	
CITY-ST-ZIP	ARCHER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, JEROME	
STREET ADDRESS	451 BOYKIN AVE.	
CITY-ST-ZIP	ARCHER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, JOHNNIE	
STREET ADDRESS	1509 HWY. 346	
CITY-ST-ZIP	ARCHER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, ALTON	
STREET ADDRESS	P. O. BOX 346 N/A	
CITY-ST-ZIP	ARCHER FL	

1.1 TITLE	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBINSON, CLARENCE	
1.3 STREET ADDRESS	1548 N. HWY 346	
1.4 CITY-ST-ZIP	ARCHER FL 32618	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300001839163	
5.3 STREET ADDRESS	-05/24/96--01097--017	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clarence Robinson

CLARENCE ROBINSON

4/17/96

(352)

495-2681

CR2E037 (12/95)