FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 11 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29919** **(0)**

1. Corporation Name
SHILOH COVENANT FELLOWSHIP MINISTRIES, INC.

Principal Place of Business	Mailing Address
2361 CORTEZ RD. JACKSONVILLE FL 32246	P.O.BOX 17097 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 08/17/1994
4. FEI Number: 36-3615077 — Applied For / Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
Suite, Apt #, etc (22)	Suite, Apt #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

YANCEY, ERIN C,
3757 PLANTERS CREEK CIRCLE E.
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name: ERIN C YANCEY
82 Street Address (P.O. Box Number is Not Acceptable): 12755 MUIRFIELD BLVD N
83
84 City: JACKSONVILLE FL 85 Zip Code: 32225

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ERIN C YANCEY [signature] 5/5/95
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	D	11 TITLE	D [X] Change [ ] Addition
NAME	LECHNER, RANDI P.	12 NAME	LECHNER, RANDI P.
STREET ADDRESS	3757 PLANTERS CREEK CIR E.	13 STREET ADDRESS	12755 MUIRFIELD BLVD N
CITY ST ZIP	JACKSONVILLE FL 32224	14 CITY ST ZIP	JACKSONVILLE FL 32225
TITLE	D	21 TITLE	D [X] Change [ ] Addition
NAME	LECHNER, CATHY L.	22 NAME	LECHNER, CATHY L
STREET ADDRESS	3757 PLANTERS CREEK CIR. E	23 STREET ADDRESS	12755 MUIRFIELD BLVD N
CITY ST ZIP	JACKSONVILLE FL 32224	24 CITY ST ZIP	JACKSONVILLE FL 32225
TITLE	D	31 TITLE	D [X] Change [ ] Addition
NAME	YANCEY, ERIN C	32 NAME	YANCEY, ERIN C
STREET ADDRESS	3757 PLANTERS CREEK CIR. E	33 STREET ADDRESS	12755 MUIRFIELD BLVD N
CITY ST ZIP	JACKSONVILLE FL 32224	34 CITY ST ZIP	JACKSONVILLE FL 32225
TITLE	D	41 TITLE	[ ] Change [ ] Addition
NAME	MILLER, GLENN F	42 NAME	
STREET ADDRESS	8500 SUHUARO DR.	43 STREET ADDRESS	
CITY ST ZIP	SCOTTSDALE AZ 82560	44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: RANDI P LECHNER [signature] 5/5/95 904/641-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026409