

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N29919** (0)
1. Corporation Name
SHILOH COVENANT FELLOWSHIP MINISTRIES, INC.



Principal Place of Business
**2361 CORTEZ RD.
JACKSONVILLE FL 32246**

Mailing Address
**P.O. BOX 17097
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
12/28/1988

3a. Date of Last Report
05/11/1995

4. FEI Number
36-3615077

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**YANCEY, ERIN C
12755 MUIRFIELD BLVD N
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name
YANCEY, ERIN C

82 Street Address (P.O. Box Number is Not Acceptable)
12526 MISSION HILLS DR S

83

84 City
JACKSONVILLE

85 Zip Code
FL 32225

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D	LECHNER, RANDI P	12755 MUIRFIELD BLVD N	<input type="checkbox"/>
		JACKSONVILLE FL		
	D	LECHNER, CATHY L.	12755 MUIRFIELD BLVD N	<input type="checkbox"/>
		JACKSONVILLE FL		
	D	YANCEY, ERIN C	12755 MUIRFIELD BLVD N	<input type="checkbox"/>
		JACKSONVILLE FL		
	D	MILLER, GLENN F	8500 SUHUARO DR.	<input type="checkbox"/>
		SCOTTSDALE AZ 82560		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	LECHNER, RANDI P	12526 MISSION HILLS DR S	JACKSONVILLE FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	LECHNER, CATHY L	12526 MISSION HILLS DR S	JACKSONVILLE FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	YANCEY, ERIN C	12526 MISSION HILLS DR S	JACKSONVILLE FL 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

ERIN C. YANCEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96
Date

904/641-9880
Daytime Phone #