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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

2361 CORTEZ RD.
JACKSONVILLE FL 32246

P.O. BOX 17087
JACKSONVILLE FL 32245-7087



3. Date Incorporated or Qualified
12/28/1988

3a. Date of Last Report
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YANCEY, ERIN C
12526 MISSION HILLS DR S
JACKSONVILLE FL 32225

81 Name
YANCEY, ERIN C

82 Street Address (P.O. Box Number is Not Acceptable)
9935 BLAKEFORD MILL RD

83

84 City
JACKSONVILLE

FL

85 Zip Code
32256

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 D ☐ DELETE
NAME LECHNER, RANDI P
STREET ADDRESS 12526 MISSION HILLS DR S
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME LECHNER, RANDI P
1.3 STREET ADDRESS 9935 BLAKEFORD MILL RD
1.4 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE
NAME LECHNER, CATHY L.
STREET ADDRESS 12526 MISSION HILLS DR S
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME LECHNER, CATHY L
2.3 STREET ADDRESS 9935 BLAKEFORD MILL RD
2.4 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE
NAME YANCEY, ERIN C
STREET ADDRESS 12526 MISSION HILLS DR S
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME YANCEY, ERIN C
3.3 STREET ADDRESS 9935 BLAKEFORD MILL RD
3.4 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE
NAME MILLER, GLENN F
STREET ADDRESS 8500 SUHUARO DR.
CITY-ST-ZIP SCOTTSDALE AZ 82560

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Erin C Yancey ERIN C YANCEY 4/30/97 904/641-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)