FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT :

N29919

(0)

SHILOH COVENANT FELLOWSHIP MINISTRIES, INC.							
Principal Plac	a al Businges	Mailina Addrasa			<u> </u>		
		Mailing Address					
2361 CORTEZ RD. P.O.BOX 17097					3. Date Incorporated or Qualified		
JACKSONVILLE FL 32246 JACKSONVILLE FL 32216					12/28/1988		
					4. FEI Number	Applied For	
					36-3615077	Not Applicable	
2. Principal P	2. Principal Place of Business 2a. Mailing Address			·		\$8.75 Additional	
26				5. Certificate of Status Desired	Fee Required		
Sulte, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 May Be		
22 27				Trust Fund Contribution	Added to Fees		
City & State City & State					7. Is this nonprofit corporation a homeowne	rs association?	
23 28			☐ Yes ﷺ No				
Zip	p Country Zip Co		Country		8. This corporation owes or has paid the current year Intangible		
24	252930		30		Personal Property Tax due June 30.		
	9. Name and Address of Currer	it Registered Agent	81		10. Name and Address of New Registered	Agent	
YANCEY, ERIN C				Name			
	AKEFORD MILL RD		62	Street Ac	et Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32256			83				
			84	City	P1	85 Zip Code	
15 Durguant to the provisions of Costions C17 0500 and C17 4500 Florida Duty and the					FL	_	
11. Pursuant to the provisions of Soctions 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.						If changing its registered pointment as registered	
SIGNATURE							
Signature, lypod or printed name of registered agent and tillo it applicable. (NOTE: Registered Agent sign							
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND		
1	LECHNER, RANDI P		1.1 TITLE			Change Addition	
NAME expect appares	SORE DIAVESODO ANIA DO		1.2 NAME				
STREET ADDRESS	IACKCONMILE EL		1.3 STREET	ľ			
CITY-ST-ZIP TITLE			1.4 CITY-ST	(-ZIP		Observe Addition	
			2.1 TITLE			L Change Addition	
NAME OTREET ADDRESS	LECHNER, CATHY L.		2.2 NAME				
STREET ADDRESS	9935 BLAKEFORD MILL RD JACKSONVILLE FL		2.3 STREET				
CITY-ST-ZIP	DAUNSUNVILLE FL	DELETE	2. 4 CITY-S	F-ZIP			
• •			3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME			İ	
STREET ADDRESS			3.3 STREET A				
CITY-ST-ZIP			3.4. CITY-S	1-ZIP			
TITLE			4.1 TITLE			Change Addition	
NAME	APAA OLUHUADA OD		4. 2 NAME				
STREET ADDRESS	SCOTTODALE AT DOESO		4.3 STREET A				
CITY-ST-ZIP			4.4 CITY-ST	- ZiP		The Allies	
TITLE	1		5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A				
CITY-ST-ZIP			5.4 CITY - ST	- ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	ADDRESS			

6.4 CITY-ST-ZIP

14. I 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 if changed or on an attachment with an address.

(V) (10, 12, al)

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FILED

May 28 1998 8:00am

Secretary of State