1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N29919

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

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90066 015 \*\*\*\*70.00



						•							
— · · ·	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 12/28/1988								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	4. FEI Number				Appli	ed For		
	#, etc.	27				36-3615077					pplicable		
22	_	City & State							\$8.7		<del></del>		
City & State	e 	28				5. Certificate of Status Desired \$8.75 Additional Fee Required							
Zip	Country	Zip	Count	гу		6. Election Campaign Financing				00 м			
24	25	29	30			Trust Fund Contribution				ed to	ees		
9. Name and Address of Current Registered Agent						10. Name and Address of New F	Registe	ered A	gent				
					Name						Į		
YANCEY, ERIN C					82 Street Address (P.O. Box Number is Not Acceptable)								
9935 BLAKEFORD MILL RD					Sueet Addre	ss (r.o. box rumber is not necepti	20.0,						
JACKSONVILLE FL 32256													
				34	City			FL		Zip Co			
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 Ag	gent	signature required		DAT						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICER	SAND	DIRE	CTOR	3 IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Ę					Char	nge	Addition		
NAME	LECHNER, RANDI P		1.2 NAME	ξ									
STREET ADDRESS	ORDER DI AVEEODO MILL DO			EET /	ADDRESS						ĺ		
			1.4 CITY-	ST.	- 71P						1		
CITY-ST-ZIP TITLE			_	2.1 TITLE					Char	nge	☐ Addition		
	LECHNER, CATHY L.		2.2 NAME								[		
NAME	9935-BLAKEFORD MILL RD			2.3 STREET ADDRE							}		
STREET ADDRESS	1		- 1								İ		
CITY-ST-ZIP	JACKSONVILLE FL   DELETE		_	2.4 CITY-ST-ZIP 3.1 TITLE				_	Chai	nge	Addition		
TITLE				3.2 NAME					_	•	_		
NAME	TANGET, ETITLE										-		
STREET ADDRESS	9935 BLAKEFORD MILL RD				ADDRESS						ļ		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY	_	r-ziP				☐ Chai	00A	Addition		
TITLE	D	☐ DELETE	4.1 TITLE							ıβα	TH CHANGE		
NAME	MILLER, GLENN F		4. 2 NAM								Į		
STREET ADDRESS	8500 SUHUARO DR.		4.3 STRE	EET	ADDRESS								
CITY-ST-ZIP_	SCOTTSDALE AZ 82560		4.4 CITY		-ZIP						CT Address		
TITLE		☐ DELETE	5.1 TITLE						☐ Cha	nge	Addition		
NAME	1		5.2 NAM										
STREET ADDRESS			5.3 STRE	EET.	ADDRESS						ì		
CITY-ST-ZIP	}		5.4 CITY		-ZIP								
TITLE		☐ DELETE	6.1 Trile	E					Cha	nge	Addition )		
NAME			6.2 NAM	Œ									
STREET ADDRESS	}		6.3 STRE	EET.	ADDRESS						}		
CITY, ST. 78B			6.4 CITY	/-ST	-ZJP						ļ		

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 chambed, or an anadacument of the anadress, with all other like empowered.

SIGNATURE:

4/29/99 904/641-988

CROENS7 (11/9R)