

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90047 008 ****70.00

DOCUMENT # N29919

1. Entity 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

2. Principal Place of Business

9935 Blakeford Mill Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

Zip

32256

Country

USA

Country

4. FEI Number

36-3615077

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

YANCEY, ERIN C
 9935 BLAKEFORD MILL RD
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Erin C. Yancey

ERIN C. YANCEY

4/27/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LECHNER, RANDI P
 CITY-ST-ZIP 9935 BLAKEFORD MILL RD
 JACKSONVILLE FL

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LECHNER, CATHY L.
 CITY-ST-ZIP 9935 BLAKEFORD MILL RD
 JACKSONVILLE FL

TITLE ☐ Delete
 NAME D
 STREET ADDRESS YANCEY, ERIN C
 CITY-ST-ZIP 9935 BLAKEFORD MILL RD
 JACKSONVILLE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Erin C. Yancey

4/27/01

904/363-9089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)