FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:32

DOCUMENT # N31783 (6)

1. Corporation Name

SHILOH UNITED METHODIST CHURCH AND CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10650 NORTHWEST COUNTY HIGHWAY 320 MICANOPY FL 32667-6801	10650 NORTHWEST COUNTY HIGHWAY 320 MICANOPY FL 32667-6801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1989
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2981421 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JENNINGS, ROBERT B. 3935 NORTHWEST 35TH STREET GAINESVILLE FL 32605	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	FEASTER, J.L.	12 NAME	G.P. LEITNER	
STREET ADDRESS	ROUT 1 BOX 416	13 STREET ADDRESS	1751 NW 166 ST.	
CITY-ST-ZIP	MICANOPY FL 32667	14 CITY-ST-ZIP	CITRA, FL 32113	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	LEITNER, MRS. DAVID	22 NAME		
STREET ADDRESS	RT. 1 BOX 448	23 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	YAWN, MRS. HARVEY	32 NAME	J.L. FEASTER JR	
STREET ADDRESS	RT. 1 BOX 450	33 STREET ADDRESS	RT 1 BOX 416	
CITY-ST-ZIP	MICANOPY FL	34 CITY-ST-ZIP	MICANOPY, FL 32667	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LEITNER, ESTER	42 NAME		
STREET ADDRESS	ROUTE 1, BOX 604	43 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, BARBARA	52 NAME		
STREET ADDRESS	3935 NORTHWEST 35TH ST	53 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	ZETROUER, ELBERT	62 NAME	J.L. FEASTER JR	
STREET ADDRESS	1015 NW 21ST AVE.,#24	63 STREET ADDRESS	RT 1 BOX 416	
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	MICANOPY FL 32667	

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)(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 added on an attachment with an address.

SIGNATURE: _____ 2/20/95 904 466-3493
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0002947