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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32667-9778

3. Date Incorporated or Qualified: 04/19/1989
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business
21: 11020 NW Hwy 320
22: Suite, Apt. #, etc.
23: City & State: Micanopy FL
24: Zip: 32667 25: Country: USA

2a. Mailing Address
26: Rt 1, Bx 416
27: Suite, Apt. #, etc.
28: City & State: Micanopy FL
29: Zip: 32667 30: Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JENNINGS, ROBERT B.
3935 NORTHWEST 35TH STREET
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	LEITNER, G. P.		1.2 NAME	Jennings, Robert B	
STREET ADDRESS	1751 NW 165TH ST		1.3 STREET ADDRESS	3935 NW 35th St	
CITY-ST-ZIP	CITRA FL		1.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YAWN, BERNICE L		2.2 NAME		
STREET ADDRESS	10650 NW COUNTY RD 320		2.3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	FEASTER, J. L. JR		3.2 NAME		
STREET ADDRESS	RT 1 BOX 416		3.3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEITNER, ESTER		4.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 604		4.3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, BARBARA		5.2 NAME		
STREET ADDRESS	3935 NORTHWEST 35TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	Rs		6.2 NAME	Raymond A Elholm	
STREET ADDRESS			6.3 STREET ADDRESS	Rt 1, Bx 512	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Micanopy FL 32667	

CR2E037 (9/96)

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 if changed or added in an attachment with an address.

SIGNATURE: [signature] REQUIRED 1/28/97 (352) 466-3493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #