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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31783

1. Corporation Name
SHILOH UNITED METHODIST CHURCH AND CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11020 NW HWY 330 MICANOPY FL 32667 US	RT 1 BOX 416 MICANOPY FL 32667 US

2. Principal Place of Business	2a. Mailing Address
21	26 22731 N Hwy 329
22 Suite, Apt. #, etc.	27 Micanopy FL
23 City & State	28 ~~Micanopy FL 32667~~ USA
24 Zip / 25 Country	29 32667 / 30 USA

3. Date Incorporated or Qualifed: 04/19/1989

4. FEI Number: 59-2981421 — ☐ Applied For ☒ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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: Jacob L Feaster Sr 82 Street Address (P.O. Box Number is Not Acceptable): 22731 N Hwy 329 83 84 City: Micanopy FL 85 Zip Code: 32667

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: Jacob L Feaster Sr — 4/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT YAWN, BERNICE L 10650 NW COUNTY RD 320 MICANOPY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☒ Change ☐ Addition
				32667	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FEASTER, J. L. JR RT 1 BOX 416 MICANOPY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	22731 N Hwy 329 32667	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEITNER, ESTER ROUTE 1, BOX 604 MICANOPY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☒ Change ☐ Addition
				32667	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JENNINGS, BARBARA 3935 NORTHWEST 35TH ST GAINESVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☒ Change ☐ Addition
				32605	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELHOLM, RAYMOND A. RT 1 BOX 512 MICANOPY FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Lucille Gladney Rt1, Bx440 Micanopy FL 32667	☐ Change ☒ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Jacob L Feaster Sr REVEREND Feaster Sr — 4/14/99 — 352-466-3493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #