2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31783

FILED Jun 19, 2005 Secretary of State

Entity Name: SHILOH UNITED METHODIST CHURCH AND CEMETERY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11020 NW HWY 330 MICANOPY, FL 32667 US **Current Mailing Address: New Mailing Address:** 22731 N HWY 329 MICANOPY, FL 32667 US FEI Number: 59-2981421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEASTER, JACOB L JR 22731 N HWY 329 MICANOPY, FL 32667 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CDT (X) Change () Addition () Delete FEASTER, JACOB L JR FEASTER, JACOB L JR Name: Name: 22731 N HWY 329 Address: 22731 N HWY 329 Address: City-St-Zip: MICANOPY, FL 32667 City-St-Zip: MICANOPY, FL 32667 Title: () Delete Title: CD (X) Change () Addition FEASTER, RICHARD Name: FEASTER, RICHARD Name: Address: 22931 N HWY 329 Address: 22931 N HWY 329 City-St-Zip: MICANOPY, FL 32667 City-St-Zip: MICANOPY, FL 32667 Title: () Delete Title: () Change () Addition GLADNEY, LUCILLE Name: Name: 21725 NW 106TH CT RD Address: Address: City-St-Zip: MICANOPY, FL 32667 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: MILLER, HARRY 10130 NW HWY 320 Address: Address: City-St-Zip: City-St-Zip: MICANOPY, FL 32667 Title: () Delete Title: () Change (X) Addition VILLARDEFRANCOS, NESTOR Name: Name: 10701 NW HWY 320 Address: Address: City-St-Zip: City-St-Zip: MICANOPY, FL 32667 Title: () Delete Title: () Change (X) Addition YAWN, BERNICE Name: Name: Address: Address: 10650 NW HWY 320 MICANOPY, FL 32667 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB L FEASTER JR T 06/19/2005