

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31783

FILED
Apr 27, 2006
Secretary of State

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

Current Principal Place of Business:

11020 NW HWY 330
MICANOPY, FL 32667 US

New Principal Place of Business:

Current Mailing Address:

22731 N HWY 329
MICANOPY, FL 32667 US

New Mailing Address:

22931 N HWY 329
MICANOPY, FL 32667 US

FEI Number: 59-2981421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEASTER, JACOB L JR
22731 N HWY 329
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: FEASTER, JACOB L JR
Address: 22731 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: CD () Delete
Name: FEASTER, RICHARD
Address: 22931 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: SD () Delete
Name: GLADNEY, LUCILLE
Address: 21725 NW 106TH CT RD
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: MILLER, HARRY
Address: 10130 NW HWY 320
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: VILLARDEFrancos, NESTOR
Address: 10701 NW HWY 320
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: YAWN, BERNICE
Address: 10650 NW HWY 320
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: FEASTER, PATRICIA G
Address: 22931 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICHARD FEASTER

CD

04/27/2006

Electronic Signature of Signing Officer or Director

Date