2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# N31783

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:

22931 N HWY 329
MICANOPY, FL 32667 US

New Mailing Address:

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, PATRICIA G	
Address:	22931 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 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: PATRICIA G. FEASTER T 03/19/2008
Electronic Signature of Signing Officer or Director Date