

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31783

FILED
May 02, 2012
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:

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
Name: FEASTER, PATRICIA G
Address: 22931 N HWY 329
City-St-Zip: MICANOPY, FL 32667

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

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

Title: D
Name: REGISTER, JOE
Address: 17813 SE COUNTY ROAD 234
City-St-Zip: MICANOPY, FL 32667

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

Title: D
Name: LEITNER, GEORGE
Address: 1751 NW 165TH STREET
City-St-Zip: CITRA, FL 32113

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA G. FEASTER

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05/02/2012

Electronic Signature of Signing Officer or Director

Date