2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2003
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:

22731 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

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:	DT	(X) Delete
Name:	YAWN, BERNICE L	
Address:	10650 NW COUNTY RD 320	
City-St-Zip:	MICANOPY, FL 32667	
Title:	CDT	( ) Delete
Name:	FEASTER, JACOB L JR	
Address:	22731 N HWY 329	
City-St-Zip:	MICANOPY, FL 32667	
Title:	D	(X) Delete
Name:	LEITNER, ESTHER,	
Address:	10560 NW HWY 320	
City-St-Zip:	MICANOPY, FL 32667	
Title:	D	( ) 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	(X) Delete
Name:	LEITNER, JULIA	
Address:	1751 NW 165TH ST	
City-St-Zip:	CITRA, FL 32113	

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 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 CDT 08/19/2003

Electronic Signature of Signing Officer or Director — Date