

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90070 031 *****70.00

UBR11U

DOCUMENT # N39695

1. Entity Name

**SHILOH MISSIONARY BAPTIST CHURCH, INCORPORATED O
 F PLYMOUTH, FLORIDA**

Principal Place of Business

Mailing Address

**3615 HOGSHEAD RD
 PLYMOUTH FL 32768
 US**

**P.O. BOX 508
 PLYMOUTH FL 32768
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2946778

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAVAGE-GASTON, JOYCE
 801 N MAGNOLIA AVE
 SUITE #402
 ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DCOD**
 STREET ADDRESS **CLARK, EDDIE L JR**
 CITY-ST-ZIP **P OBOX 459/ 7150 W HOLLY ST
 ZELLWOOD FL**

TITLE Change Addition
 NAME **Clark, Eddie L Jr**
 STREET ADDRESS **PO Box 459/7150 W Holly St**
 CITY-ST-ZIP **Zellwood FL 32798**

TITLE Delete
 NAME **T**
 STREET ADDRESS **MCCRARY, THOMAS**
 CITY-ST-ZIP **3576 HOGHEAD RD
 PLYMOUTH FL**

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **McCrary, Thomas**
 CITY-ST-ZIP **PO Box 421/3576 Hoghead Rd.
 Plymouth FL 32768**

TITLE Delete
 NAME **COT**
 STREET ADDRESS **NICHOLS, ROOSEVELT**
 CITY-ST-ZIP **P OBOX 537/ 3482 JANET ST
 PLYMOUTH FL**

TITLE Change Addition
 NAME **COT**
 STREET ADDRESS **Nichols, Roosevelt**
 CITY-ST-ZIP **PO Box 537/3482 Janet St
 Plymouth FL 32768**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roosevelt Nichols*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02
 Date

407-880-6375
 Daytime Phone #

CR2E037 (9/01)