

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004109 (5)

1. Corporation Name

THE SHILOH TABERNACLE OF GOD, INC.

Principal Place of Business

P.O. BOX 2712
LAKE PLACID FL 33852

Mailing Address

P.O. BOX 2712
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3212459

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**STOLBERG, ELIZABETH A
103 VAN ALLEN AVE NW
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

81 Name

Jeanette Waldron

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

2215 Lake Josephine Drive.

83

84 City

Sebring

FL

85

Zip Code
33872

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jeanette Waldron

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

04/24/1995

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PCD
**STOLBERG, FREDERICK A
103 VAN ALLEN AVE NW
LAKE PLACID FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
**STOLBERG, ELIZABETH A
103 VAN ALLEN AVE NW
LAKE PLACID FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
**WATTS, GLENNA J
207 RACHARD BLVD
LAKE PLACID FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PCD
**STOLBERG, FREDERICK A.
326 HIGHLANDS LAKE DRIVE.
LAKE PLACID, FLORIDA #33852**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VD
**STOLBERG, ELIZABETH A.
326 HIGHLANDS LAKE DRIVE.
LAKE PLACID, FLORIDA #33852**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth A. Stolberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH A. STOLBERG

04/24/1995

813-699-2123
Date
Telephone Number