

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/07/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **P.O. Box 2712**

2a. Mailing Address

26 **P.O. Box**

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

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

☐ Yes ☐ No

City & State

23 **Lake Placid Fla**

City & State

28 **Lake Placid, Fla**

Zip

24 **33852**

Country

25 **Highlands**

Zip

29 **33852**

Country

30 **Highlands**

9. Name and Address of Current Registered Agent

**WALDRON, JEANETTE
2115 LAKE JOSEPHINE DRIVE
SEBRING FL 33872**

10. Name and Address of New Registered Agent

81 Name **Waldron, Jeanette**
82 Street Address (P.O. Box Number is Not Acceptable)
2115 Lake Josephine Drive
83
84 City **Lake Placid** FL 85 Zip Code **33872**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Jeanette Waldron**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE
NAME **STOLBERG, FREDERICK A**
STREET ADDRESS **326 HIGHLANDS LAKE DRIVE**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **VD** ☐ DELETE
NAME **STOLBERG, ELIZABETH A**
STREET ADDRESS **326 HIGHLANDS LAKE DRIVE**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **STD** ☒ DELETE
NAME **WATTS, GLENNA J**
STREET ADDRESS **207 RACHARD BLVD**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Secretary**
3.3 STREET ADDRESS **Barbara Durant**
3.4 CITY-ST-ZIP **15 Lime Lane**
Lake Placid, Fla 33852

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Tres.**
4.3 STREET ADDRESS **Jeanette Waldron**
4.4 CITY-ST-ZIP **2115 Lake Josephine Drive**
Sebring, Fla. 33872

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

6.1 TITLE ☐ Change ☐ Addition
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 119.07(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** **Elizabeth A. Stolberg** 4/22/96 699-2123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)