FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jul 11 1997 8:00am
Secretary of State

DOCUMENT # N93000004109

1. Corporation Name: Shiloh Tabernacle of God

Principal Place of Business	Mailing Address
Shiloh Tabernacle of God 320 CR 619 Lake Placid, Fla 33852	Shiloh Tabernacle of God 320 C.R. 619 Lake Placid, Fla 33852

3. Date Incorporated or Qualified: Nov 1, 1994
3a. Date of Last Report: 4/20/96

2. Principal Place of Business
21: 320 CR 619
Suite, Apt. #, etc. 22:
City & State 23: Lake Placid, Fla
Zip 24: 33852 Country 25: Highlands

2a. Mailing Address
26: 320 CR 619
Suite, Apt. #, etc. 27:
City & State 28: Lake Placid, Fla
Zip 29: 33852 Country 30: Highlands

4. FEI Number: 59-3212759 ☐ 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

9. Name and Address of Current Registered Agent

Jeanette Waldron
2215 Lake Josephine Dr
Sebring, Fla. 33872

10. Name and Address of New Registered Agent

81 Name: Elizabeth Stolberg
82 Street Address (P.O. Box Number is Not Acceptable): 320 CR 619
83:
84 City: Lake Placid **FL** 85 Zip Code: 33852

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: Elizabeth Stolberg Elizabeth Stolberg 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Pres.	☑ DELETE	1.1 TITLE S/T	Sect/Tres.	☑ Change ☐ Addition
NAME	Jeanette Waldron		1.2 NAME	Glenna Jo Watts	
STREET ADDRESS	2215 Lake Josephine Dr		1.3 STREET ADDRESS	340 Adams Ave.	
CITY-ST-ZIP	Sebring, Fla 33872		1.4 CITY-ST-ZIP	Lake Placid, Fla 33852	
TITLE	Sect.	☑ DELETE	2.1 TITLE V.P.	V. Pres.	☑ Change ☐ Addition
NAME	Janet Waldron		2.2 NAME	Elizabeth Stolberg	
STREET ADDRESS	2215 Lake Josephine Dr		2.3 STREET ADDRESS	320 CR 619	
CITY-ST-ZIP	Sebring, Fla. 33872		2.4 CITY-ST-ZIP	Lake Placid, Fla 33852	
TITLE	Sect.	☑ DELETE	3.1 TITLE P.	Pres. "P"	☑ Change ☐ Addition
NAME	Barbara Durant		3.2 NAME D	Frederick A. Stolberg	
STREET ADDRESS	1-2 Lime Ave.		3.3 STREET ADDRESS	320 CR 619	
CITY-ST-ZIP	Lake Placid, Fla 33852		3.4 CITY-ST-ZIP	Lake Placid, Fla 33852	
TITLE		☐ DELETE	4.1 TITLE "D"	D	☐ Change ☑ Addition
NAME			4.2 NAME	Jr. Little	
STREET ADDRESS			4.3 STREET ADDRESS	1702 Evengeline Av.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Sebring, Fla. 33870	
TITLE		☐ DELETE	5.1 TITLE "D"	Gareth McDonald	☐ Change ☑ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	4134 Waterway Dr	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Lake Worth, Fla 33461	
TITLE		☐ DELETE	6.1 TITLE	100002236741	☐ Change ☐ Addition
NAME			6.2 NAME	-07/14/97--01005--008	
STREET ADDRESS			6.3 STREET ADDRESS	***70.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Glenna Jo Watts Glenna Jo Watts 4/30/97 1-941-465-1275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #