

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002735

1. Entity Name

SHILOH BAPTIST CHURCH OF FORT WHITE, FLORIDA, INC.



Principal Place of Business

Mailing Address

RT. 1, BOX 2145
HWY 27
FORT WHITE FL 32038
US

173 S.W. SHILOH WAY
FORT WHITE FL 32038
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3257966

Applied For

Not Applicable

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

ALLEN, LARRY
380 SW ROCILLE GLEN
FORT WHITE FL 32038

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ALLEN, LARRY
STREET ADDRESS 380 S.W. ROCILLE GLEN
CITY- ST- ZIP FORT WHITE FL

TITLE ☐ Change ☐ Addition
NAME **U00000240240**
STREET ADDRESS **02/23/05-80022-013 70.00**
CITY- ST- ZIP

TITLE D ☐ Delete
NAME WILSON, EDGAR EUGENE
STREET ADDRESS 18524 S.W. 95TH AVE
CITY- ST- ZIP ARCHER FL 32618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE STD ☐ Delete
NAME LOVETT, JOANNE
STREET ADDRESS 1204 SW SPIRIT AVE PO BOX 1087
CITY- ST- ZIP HIGH SPRINGS FL 32655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME STORMANT, TED
STREET ADDRESS 319 S.W. STEADMAN GLEN
CITY- ST- ZIP FT WHITE FL 32038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME HOLLINGSWORTH, WOODROW
STREET ADDRESS 1806 S.W. FRYE AVE
CITY- ST- ZIP FT WHITE FL 32038

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:

Joanne M. Lovett **Joanne M. Lovett**

2-15-05

Date

Daytime Phone #