2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2006 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

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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, 2006

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	TITLE		☐ Change ☐ Add
NAME	ALLEN, LARRY		NAME		
STREET ADDRESS	380 S.W. ROCILLE GLEN		STREET ADDRESS	000000434321	
CITY-ST-ZIP	FORT WHITE FL		CITY-ST-ZIP	02/24/06-80057-016 70.00	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	WILSON, EDGAR EUGENE		NAME		
STREET ADDRESS	18524 S.W. 95TH AVE		STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL 32618		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LOVETT, JOANNE		NAME		
STREET ADDRESS	1204 SW SPIRIT AVE PO BOX 1087		STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL 32655		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	STORMANT, TED		NAME		
STREET ADDRESS	319 S.W. STEADMAN GLEN		STREET ADDRESS		
CITY-ST-ZIP	FT WHITE FL 32038		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HOLLINGSWORTH, WOODROW		NAME		
STREET ADDRESS	1806 S.W. FRYE AVE		STREET ADDRESS		
CITY-ST-ZIP	FT WHITE FL 32038		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.