

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002735

FILED
Mar 24, 2009
Secretary of State

Entity Name: SHILOH BAPTIST CHURCH OF FORT WHITE, FLORIDA, INC.

Current Principal Place of Business:

173 SW SHILOH ST
FORT WHITE, FL 32038 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1737
HIGH SPRINGS, FL 32655 US

New Mailing Address:

FEI Number: 59-3257966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, LARRY
380 SW ROCILLE GLEN
FORT WHITE, FL 32038 US

Name and Address of New Registered Agent:

STORMANT, TED
319 SW STEADMAN GLEN
FORT WHITE, FL 32038 US

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.

SIGNATURE: TED STORMANT

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, LARRY
Address: 380 S.W. ROCILLE GLEN
City-St-Zip: FORT WHITE, FL

Title: D () Delete
Name: WILSON, EDGAR EUGENE
Address: 18524 S.W. 95TH AVE
City-St-Zip: ARCHER, FL 32618

Title: STD () Delete
Name: LOVETT, JOANNE
Address: 1204 SW SPIRIT AVE PO BOX 1087
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D () Delete
Name: STORMANT, TED
Address: 319 S.W. STEADMAN GLEN
City-St-Zip: FT WHITE, FL 32038

Title: D () Delete
Name: HOLLINGSWORTH, WOODROW
Address: 1806 S.W. FRYE AVE
City-St-Zip: FT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STORMANT, TED
Address: 319 S.W. STEADMAN GLEN
City-St-Zip: FORT WHITE, FL 32038

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLLINGSWORTH, CHARLES
Address: 520 N.W. FIFTH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE LOVETT

STD

03/24/2009

Electronic Signature of Signing Officer or Director

Date