

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001543 (6)
1. Corporation Name

SHILOH MISSIONARY BAPTIST CHURCH OF ST. AUGUSTIN E. INC.



Principal Place of Business Mailing Address
271 W KING ST ST AUGUSTINE FL 32095 271 W KING ST ST AUGUSTINE FL 32095

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/30/1995	N/A
22	27	4. FEI Number	Applied For
23	28	53-3305816	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BELL, CHESTINE 271 W KING ST ST AUGUSTINE FL 32095	81 Name CROOMS, JAMES 82 Street Address (P.O. Box Number is Not Acceptable) 271 WEST KING STREET 83 ST. AUGUSTINE, FL 32095 84 City 85 Zip Code FL

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 Crooms, James James Crooms 4-2-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SWAIN, WILLIE <input type="checkbox"/> DELETE	1.1 TITLE	C/P POPE, REV. WILLIE J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	450 S VOLUSIA ST	1.2 NAME	4918 DALLEN LEA DRIVE
STREET ADDRESS	ST AUGUSTINE FL 32095	1.3 STREET ADDRESS	JACKSONVILLE, FL 32208
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SWAIN, LILLIE <input type="checkbox"/> DELETE	2.1 TITLE	M HANKERSON, CLARENCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	450 S VOLUSIA ST	2.2 NAME	1040 GRECO ROAD
STREET ADDRESS	ST AUGUSTINE FL 32095	2.3 STREET ADDRESS	ST. AUGUSTINE, FL 32086
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D JENKINS, ETHEL <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S KELLEY, FRANCES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	184 AIKEN ST	3.2 NAME	65 NORTH WHITNEY ST.
STREET ADDRESS	ST AUGUSTINE FL 32095	3.3 STREET ADDRESS	ST. AUGUSTINE, FL 32095
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DAVIS, MINNIE P <input type="checkbox"/> DELETE	4.1 TITLE	T JENKINS, ISABELLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	517 AIKEN ST	4.2 NAME	9 BLACNCHE LANE
STREET ADDRESS	ST AUGUSTINE FL 32095	4.3 STREET ADDRESS	ST. AUGUSTINE, FL 32095
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CROOMS, JAMES <input type="checkbox"/> DELETE	5.1 TITLE	D STOKES, RENA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	271 W KING ST	5.2 NAME	788 WEST 3rd. STREET
STREET ADDRESS	ST AUGUSTINE FL 32095	5.3 STREET ADDRESS	ST. AUGUSTINE, FL 32095
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BELL, CHESTINE <input type="checkbox"/> DELETE	6.1 TITLE	D DAVIS, CHARLES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	960 BUTLER AVE	6.2 NAME	898 PALERMO ROAD
STREET ADDRESS	ST AUGUSTINE FL 32095	6.3 STREET ADDRESS	ST. AUGUSTINE, FL 32086
CITY-ST-ZIP		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: Willie Swain Pope 4/2/96 (904) 768-3566
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)