

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 07 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000001543 (6)**  
1. Corporation Name  
**SHILOH MISSIONARY BAPTIST CHURCH OF ST. AUGUSTINE, INC.**



Principal Place of Business <b>271 W KING ST ST AUGUSTINE FL 32095</b>	Mailing Address <b>271 W KING ST ST AUGUSTINE FL 32095-4045</b>
---	--

3. Date Incorporated or Qualified <b>03/30/1995</b>	3a. Date of Last Report <b>04/05/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>53-3305816</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SWAIN, WILLIE</b>		1.2 NAME <b>JENKINS, ISABELLE</b>	
STREET ADDRESS <b>450 S VOLUSIA ST</b>		1.3 STREET ADDRESS <b>9 BLANCHE LANE</b>	
CITY-ST-ZIP <b>ST AUGUSTINE FL 32095</b>		1.4 CITY-ST-ZIP <b>ST AUGUSTINE, FL 32095</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SWAIN, LILLIE</b>		2.2 NAME <b>HANKERSON, CLARENCE E.</b>	
STREET ADDRESS <b>450 S VOLUSIA ST</b>		2.3 STREET ADDRESS <b>1040 GRECO ROAD</b>	
CITY-ST-ZIP <b>ST AUGUSTINE FL 32095</b>		2.4 CITY-ST-ZIP <b>ST AUGUSTINE, FL 32086</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KELLEY, FRNACES</b>		3.2 NAME	
STREET ADDRESS <b>85 NORTH WHITNEY STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST AUGUSTINE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, MINNIE P</b>		4.2 NAME	
STREET ADDRESS <b>517 AIKEN ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST AUGUSTINE FL 32095</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CROOMES, JAMES</b>		5.2 NAME	
STREET ADDRESS <b>271 W KING ST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST AUGUSTINE FL 32095</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELL, CHESTINE</b>		6.2 NAME	
STREET ADDRESS <b>960 BUTLER AVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST AUGUSTINE FL 32095</b>		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: CLARENCE E. HANKERSON DATE: 2/3/1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 904-937-3337

CR2E037 (9/96)