

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001543 (6)
1. Corporation Name
SHILOH MISSIONARY BAPTIST CHURCH OF ST. AUGUSTINE E, INC.



Principal Place of Business 271 W KING ST ST AUGUSTINE FL 32095	Mailing Address 271 W KING ST ST AUGUSTINE FL 32095
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3. Date Incorporated or Qualified 03/30/1995	
4. FEI Number 53-3305816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CROOMS, JAMES
271 WEST KING STREET
ST. AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME JENKINS, ISABELLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 0 BLANCHE LN	CITY-ST-ZIP ST AUGUSTINE FL	1.2 NAME	
TITLE P	NAME HANKERSON, CLARENCE E	1.3 STREET ADDRESS	
STREET ADDRESS 1040 GRECO RD	CITY-ST-ZIP ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE D	NAME CROOMS, JAMES	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 271 W KING ST	CITY-ST-ZIP ST AUGUSTINE FL 32095	2.2 NAME	
TITLE D	NAME BELL, CHESTINE	2.3 STREET ADDRESS HANKERSON, CLARENCE E	
STREET ADDRESS 960 BUTLER AVE	CITY-ST-ZIP ST AUGUSTINE FL 32095	2.4 CITY-ST-ZIP 1040 GRECO RD	
TITLE <input type="checkbox"/> DELETE		2.5 STREET ADDRESS ST AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	
TITLE <input type="checkbox"/> DELETE		3.2 NAME CROOMS, JAMES	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS 271 W. KING ST.	
TITLE <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		4.2 NAME	
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5.2 NAME HEZEKIAH, RANDY JR	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS 140 S. WOODLAWN ST.	
TITLE <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

14. 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 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* 5-20-98 904-747-3337

CR2E037 (10/97)